DEPARTMENT OF DEFENSE APPROPRIATIONS FOR FISCAL YEAR 2008

WEDNESDAY, MAY 16, 2007

U.S. SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS,
Washington, DC.

The subcommittee met at 10 a.m., in room SD–192, Dirksen Senate Office Building, Hon. Daniel K. Inouye (chairman) presiding.

Present: Senators Inouye and Stevens.

NONDEPARTMENTAL WITNESSES

STATEMENT OF SHAWN O'NEAIL, ASSOCIATE VICE PRESIDENT, NATIONAL MULTIPLE SCLEROSIS SOCIETY

STATEMENT OF SENATOR DANIEL K. INOUYE

Senator INOUYE. This is our last meeting of the subcommittee before we markup the fiscal year 2008 Department of Defense appropriations bill. This morning, we'll receive testimony, not from agency officials, but from the general public. Those who have petitioned us to be heard. As you know, we have many competing witnesses, many members and other committees, so by consent, all of your full statements will be made a part of the permanent record of the subcommittee, and I can assure you, they will be read or studied.

And each witness or group will have 4 minutes to present an oral presentation, and we appreciate all of you who have taken time to be with us this morning. Your involvement helps ensure that our democracy functions as it should, and it was designed by our Founding Fathers, that it was of the people, for the people, and by the people. Unfortunately, this morning, there will be a series of votes, beginning at about 10:45, so at that time, I will have to call a recess, about an hour.

But, I can assure you that I will be back, and I will hear every witness, even if it means depriving a little lunch, and for me, it might help.

So, I would like to call upon the first witness, and the first witness today is Mr. Shawn O'Neail, the Associate Vice President of the National Multiple Sclerosis Society.

Mr. O'NEAIL. Thank you, Chairman Inouye, for allowing me to provide testimony at this hearing. My name is Shawn O'Neail, I work with the National Multiple Sclerosis Society, and I am here today on behalf of more than 400,000 Americans and nearly 26,000 veterans, who live with the devastating effects of multiple sclerosis,

or MS. Together, we ask for your help to fund MS research through the congressionally directed medical research programs (CDMRP).

Multiple sclerosis is a chronic, unpredictable, often disabling disease of the central nervous system. It interrupts the flow of information from the brain to the body, and stops people from moving. Every hour, someone new is diagnosed.

MS is the most common neurological disease leading to disability in young adults. But, despite several decades of research, the cause remains unclear, and there is no cure.

The symptoms of MS range from numbness and tingling, to blindness and paralysis. These problems can be permanent, or they can come and go. In either case, MS requires lifelong therapy, and unfortunately, the cost is often financially prohibitive. The Food and Drug Administration approved drugs for MS range from $16,000, to more than $25,000 annually.

Testimony from U.S. veterans, along with evidence from recent studies, suggests that combat veterans could have an increased risk of developing multiple sclerosis. Dr. Mitch Wallin is a neurologist who is currently treating veterans with MS at the Department of Veterans Affairs (VA), MS Centers of Excellence in Baltimore, and is a professor at Georgetown University.

Dr. Wallin recently published a formal professional hypothesis, stating that gulf war veterans were at an increased risk for developing MS, because of their exposure to neurotoxins. Dr. Wallin hopes to explore this hypothesis through research at the VA. Dr. Wallin also authored a letter to the chairman and ranking member of this subcommittee on March 12, urging you to support funding for MS research, through the CDMRP.

Other evidence of note includes, the annals of neurology recently identified 5,345 cases of MS among U.S. veterans, that was deemed "service connected" and the congressionally mandated Research Advisory Committee on Gulf War Veterans Illness (RAC), found evidence that supports a probable link between exposures to neurotoxins and a development of neurological disorders. Further, RAC recommended more Federal funding to study the negative effects of neurotoxins on the immune system.

Before I close, I want to share a story of one veteran. Paul Perrone is a 42-year-old father from New Hampshire, a retired U.S. Air Force sergeant, and veteran of the Persian Gulf war. Paul was diagnosed with MS in August 1998. Initially, Paul was diagnosed by the military with chronic fatigue syndrome—many people with MS are often misdiagnosed. However, after developing optic neuritis, a civilian doctor recommended an MRI, which led to his current MS diagnosis.

It has been Paul's absolute conviction that an environmental agent triggered his MS, either through inoculations, or exposure to neurotoxins during his combat service. Paul is just one of the many veterans who are fighting on this personal battle. There is not time this morning to outline all of the stories we have learned over the past several months, but the cases of MS among U.S. veterans are certainly evident, and now emerging evidence supports this potential link. Now, we just need to provide the necessary resources.

The DOD has a responsibility to identify and research all of the diseases that could be related to military service, including MS. On

April 5, Senators Obama and Coleman sent the subcommittee a letter with 21 of your colleagues' signatures, urging you to support a $15 million appropriation for MS, through the CDMRP. The cause, progress, or severity of symptoms related to MS cannot yet be predicted or cured, but advances in research and treatment can help. With your commitment to more research, we can move closer to a world free of MS. Thank you for your consideration.

Senator INOUYE. Do you believe that with continued research, we may be able to find a cure for MS?

Mr. O'NEAIL. We're very hopeful. There has been some progress in regards to the treatments, but they still remain very difficult to tolerate themselves, and as I mentioned, very, very expensive.

Senator INOUYE. Thank you very much, Mr. O'Neail.

Mr. O'NEAIL. Thank you.

[The statement follows:]

PREPARED STATEMENT OF SHAWN O'NEAIL

INTRODUCTION

Thank you Chairman Inouye, Ranking Member Stevens and distinguished Members of the Committee, for allowing me to provide testimony at this hearing.

My name is Shawn O'Neail and I work with the National Multiple Sclerosis Society. I am here today on behalf of the more than 400,000 Americans and nearly 26,000 U.S. veterans who live with the devastating effects of multiple sclerosis or MS. Together, we ask for your help to fund MS research under the Congressionally Directed Medical Research Programs (CDMRP).

NO CURE FOR MULTIPLE SCLEROSIS

Multiple sclerosis is a chronic, unpredictable, often-disabling disease of the central nervous system. It interrupts the flow of information from the brain to the body and stops people from moving. Every hour someone new is diagnosed. MS is the most common neurological disease leading to disability in young adults. But despite several decades of research, the cause remains unclear, and there is no cure.

The symptoms of MS range from numbness and tingling to blindness and paralysis. MS causes loss of coordination and memory, extreme fatigue, emotional changes, and other physical symptoms. These problems can be permanent, or they can come and go.

The National MS Society recommends treatment with one of the FDA-approved "disease-modifying" drugs to lessen the frequency and severity of attacks, and to help slow the progression of disability. But unfortunately, the cost is often financially prohibitive. The FDA-approved drugs for MS range from $16,000 to $25,000 a year, and the treatment will continue for life.

MULTIPLE SCLEROSIS AND U.S. VETERANS

Testimony from individual veterans, along with evidence from recent studies, suggests that Gulf War veterans could have an increased risk of developing multiple sclerosis.

Dr. Mitch Wallin is a neurologist who currently treats veterans with MS at the Department of Veterans Affairs' MS Center of Excellence in Baltimore and is a professor at Georgetown University. Dr. Wallin recently published a formal professional hypothesis stating that deployed Gulf War veterans are at an increased risk for developing MS because of exposure to neurotoxins.

Dr. Wallin plans to explore this hypothesis through research at the VA. Based on existing research and his work with veterans living with MS, Dr. Wallin authored a letter to the Chairman and Ranking Member of this subcommittee urging you to support funding for MS research in the CDMRP. Some of the research includes:

—The Annals of Neurology recently identified 5,345 cases of MS among U.S. veterans that were deemed "service-connected."

—The Congressionally-mandated Research Advisory Committee on Gulf War Veterans' Illnesses (RAC) found evidence that supports a probable link between exposures to neurotoxins and the development of neurological disorders. Further, RAC recommended more federal funding to study the negative effect of neurotoxins on the immune system.

—A recent epidemiological study found an unexpected, two-fold increase in MS among Kuwaiti residents between 1993 and 2000. This rapid increase in an area of the world with previously low incidence rates for MS further suggests an environmental trigger for MS. Possible triggers include exposure to air particulates from oil well fires, vaccines, sarin, or infectious agents.

As news circulates of a potential link between MS and military service, more and more veterans have been coming forward with their stories and symptoms. They uncover a unique health concern among our veterans, and they represent the possibility that something in the environment could trigger this disease—which could unlock the mystery of MS.

SERGEANT PAUL PERRONE'S STORY

Paul Perrone is a 42-year-old father from New Hampshire. A retired U.S. Air Force Sergeant and veteran of the Persian Gulf War, Paul was diagnosed with MS in August 1998.

Initially, Paul was diagnosed by the military with chronic fatigue syndrome, asthma, and rhinitis. Many people with MS often are misdiagnosed at first. However, his symptoms worsened. He had extreme fatigue and vertigo. Although Paul loved his work with the Air Force, he no longer felt healthy enough to remain on active duty. Paul asked for an Air Force medical evaluation board and eventually was medically retired from the Air Force in 1994.

Then, after developing optic neuritis in one eye, a civilian doctor recommended an MRI, which led to his current MS diagnosis. Paul is a passionate and extremely well-informed veteran on nearly every aspect of the military, gulf-war syndrome, veterans' benefits—and MS. It has been his absolute conviction that an environmental agent triggered his MS either through inoculations or exposure to neurotoxins during his combat service.

Paul is just one of many veterans who are fighting this personal battle. Many more stories are untold, or many individuals might not want to come forward. But the cases of MS among U.S. veterans are certainly evident. And now emerging research supports this potential link.

For the nearly 26,000 veterans, and for many more individuals with MS nationwide, more research is critical. Dr. Wallin and others might be on the heels of identifying an environmental trigger. Now we just need to pinpoint what and how.

THE NEED FOR MORE MS RESEARCH

Given all the evidence, we strongly believe that the Department of Defense (DOD) has a responsibility to identify and research all diseases that could be related to military service, including MS. On April 5, Senators Obama and Coleman sent the subcommittee a letter with 21 of your colleagues' signatures urging you to support this $15 million appropriation for MS research under the Congressionally Directed Medical Research Programs (CDMRP).

The cause, progress, or severity of symptoms in any one person living with MS cannot yet be predicted or cured. But advances in research and treatment can help. We appreciate your consideration. With your commitment to more research, we can move closer to a world free of MS. Thank you.

Senator INOUYE. May I now call upon Dr. Chuck Staben of the University of Kentucky.

STATEMENT OF DR. CHUCK STABEN, Ph.D., ASSOCIATE VICE PRESIDENT FOR RESEARCH AND ACTING HEAD, OFFICE OF THE VICE PRESIDENT FOR RESEARCH, UNIVERSITY OF KENTUCKY ON BEHALF OF THE COALITION OF EPSCoR/IDEA STATES

Dr. STABEN. Thank you, Senator, and any members of the subcommittee. My name is Chuck Staben, and I am the acting head of the Office of the Vice President for Research at the University of Kentucky.

Today I am testifying on behalf of the Coalition of EPSCoR States, a nonprofit organization that promotes the importance of a strong science and technology infrastructure and works to improve the research competitiveness of States that have, historically, received the least amount of Federal research funding, including States that the subcommittee members represent.

Thank you for the opportunity to testify today, regarding the DOD Science and Engineering Basic Research Program budget, and more specifically, a critical component of that budget, EPSCoR.

Members of this subcommittee, thank you for your past support of the DEPSCoR Program, I express the support of the coalition for returning funding for this very successful research program to the $20 million of several years ago.

Furthermore, on behalf of our 21 States and two territories, I ask the members of this subcommittee to reject the administration's proposed plan to terminate the DEPSCoR Research Program. DEPSCoR States represent 20 percent of the U.S. population, 25 percent of the research and doctoral universities, and 18 percent of the Nation's scientists and engineers.

With the support of this subcommittee, DEPSCoR has provided critical, competitive support to research which satisfies peer review requirements to proposals that address priorities identified by the DOD through their broad agency announcements for the program.

In Kentucky, which is a leading State in the aluminum industry, researchers on a recent project worked closely with the Navy on aluminum alloys and fabrication techniques, critical to shipbuilding. We fully anticipate that the methods they developed will be used by the Navy in its ship programs.

Research in Kentucky, and other EPSCoR States can lead directly to deployed improvements, but without the impetus that DEPSCoR provides, we may not make the advances required, or contribute as fully as we are capable to supporting DOD.

Last year, the administration's fiscal year 2007 budget proposed a budget for DEPSCoR for fiscal year 2008 of $9.8 million, reflecting the administration's commitment to continuing the DEPSCoR Program. This year, the administration, instead, proposed to begin a 3-year sunset of the program, by reducing DEPSCoR from $9.4 million in fiscal year 2007, to $5.8 million in fiscal year 2008.

This decrease will not reduce spending, the administration proposes to move the funding from the DEPSCoR Program to the National Defense Education Program. No spending reduction, or cost saving is captured under the administration's planned DEPSCoR sunset, but the funds will further centralize to non-DEPSCoR States.

The administration stresses the need for research to support the warfighter, and challenges DEPSCoR's contribution to this effort. DEPSCoR grants support the warfighter, because they are competitively chosen to respond to the DOD's announced needs and priorities from the Air Force Office of Scientific Research, the Army Research Office, and the Office of Naval Research. This research has produced many deployable advances, even from a relatively small program. These advances include: design of more efficient helicopter rotors, securing critical software security, better wireless communication for warfighters, and many more advances.

Mr. Chairman, I respectfully ask that you and the subcommittee fund DEPSCoR in fiscal year 2008 at the $20 million level that sustained the program before the funding reductions. Prior to the decrease in funding, DEPSCoR produced many more research awards, benefiting DOD priorities. Between fiscal year 1998 and fiscal year 2001, 283 projects in 20 States were funded. Since the

program reductions, only 97 projects have been funded in the past 4 years. This past year, only $7 million was granted to 13 academic institutions in only nine States.

Funding reductions have already impacted DOD research in my home State of Kentucky. In the last 4 years, only three DEPSCoR projects have been funded, even as research in Kentucky tripled.

Now, more than ever, we must invest in research programs that support national security, and improve our readiness and capability. Funding DEPSCoR in fiscal year 2008 at $20 million will return the program to the level necessary to achieve these objectives that were envisioned by the original authorizing legislation.

Through the DEPSCoR Program, the DEPSCoR States continue to make significant research contributions, and this increased funding is required to sustain the program. Thank you very much.

Senator INOUYE. Well, Thank you very much, Dr. Staben.

[The statement follows:]

PREPARED STATEMENT OF DR. CHUCK STABEN

Mr. Chairman and Members of the Subcommittee, my name is Dr. Chuck Staben and I am the Associate Vice President for Research and Acting Head of the Office of the Vice President for Research at the University of Kentucky. I am testifying on behalf of the Coalition of EPSCoR States, which is a non-profit organization that promotes the importance of a strong science and technology research infrastructure, and works to improve the research competitiveness of states that have historically received the least amount of federal research funding.

Thank you for the opportunity to testify today regarding the Department of Defense science and engineering basic research program budget, and more specifically a critical component of that budget, the Defense Experimental Program to Stimulate Competitive Research (DEPSCoR)[1]. I would like to sincerely thank the members of this Subcommittee for your past support of the DEPSCoR program, and secondly to express the support of the Coalition for returning funding for this very successful research program to the $20 million plus levels of several years ago. On behalf of our 21 states and 2 territories, I would ask the Members of this Subcommittee to reject the Administration's proposed plan to terminate the DEPSCoR research program and transfer funds to education activities.

The Defense EPSCoR program was initially established in Public Law 103–337 with two important policy objectives. First, DEPSCoR ensures a national research and engineering infrastructure by enhancing the capabilities of institutions of higher education in DEPSCoR states. Secondly, DEPSCoR develops, plans and executes competitive, peer-reviewed research and engineering work that supports the needs of the Department of Defense. Our battlefields, our intelligence gathering and analysis capacity, our procurements and maintenance activities are increasingly driven by and dependent upon advances in research and technology development.

As the members of this Subcommittee know, EPSCoR states have a vast reservoir of talent and capacity. They represent 20 percent of the U.S. population, 25 percent of the research and doctoral universities, and 18 percent of the nation's scientists and engineers. The EPSCoR program is critical to ensuring that we maintain a national infrastructure of research and engineering by providing much needed funding to these leading universities and scientists.

Perhaps most importantly, DEPSCoR represents federal research money well spent. With the support of this Subcommittee, DEPSCoR has provided critical research dollars competitively to institutions which satisfy peer-review requirements in proposals that address priorities identified by the Department of Defense, through Broad Agency Announcements (BAAs) for this program.

In Kentucky, DEPSCoR has funded 15 research projects since 1993. In a recent project, researchers worked closely with the Navy on aluminum alloys and fabrica-

[1] Alabama, **Alaska**, **Arkansas**, **Delaware**, Hawaii, **Idaho**, **Kansas**, **Kentucky**, **Louisiana**, **Maine**, Mississippi, **Montana**, **Nebraska**, **Nevada**, **New Hampshire**, New Mexico, **North Dakota**, **Oklahoma**, **Puerto Rico**, **Rhode Island**, **South Carolina**, **South Dakota**, **Vermont**, **Virgin Islands**, **West Virginia**, and **Wyoming**.

States in bold letters are eligible for the DEPSCoR program. All of the states listed above are also eligible for the EPSCoR program.

tion techniques critical to shipbuilding. We fully anticipate this research and testing methods will be used by the Navy in its ship programs. Additionally, we have also participated in non-DEPSCoR funding, so we have expertise. DOD funded research developed an anti-sniper device now in the prototype stage under consideration by the Marine Corps. Research in Kentucky can lead directly to deployed improvements. However, without DEPSCoR, we cannot make the advances we want to make or contribute as fully as we are capable.

I would now like to highlight a few DEPSCoR-funded success stories of research projects in other states that have, and are presently contributing to our National defense interests.

Alaska

Sea-Ice Upper Ocean Interactions: Observations and Modeling.—The University of Alaska, Fairbanks researchers are investigating the spin-up and spin-down of the upper ocean in response to storms. The observational system will measure surface-to-bottom and density structure, offering a unique opportunity to expand our understanding of how the ocean couples surface mesoscale variability and wave excitation to the underlying ocean on the intermediate depth continental shelves. This study, for the Navy, will improve real-time prediction systems for ship navigation and submarine surfacing in seasonally ice-covered regions, such as the Arctic and the Sea of Okhotsk in the Western Pacific and the Labrador Sea/Gulf of St. Lawrence in the northwestern Atlantic.

West Virginia

Intelligent Agents for Reliable Operation of Electric Warship Power Systems.—The objective of this Navy research is to design distributed intelligent control agents for reliable operation of integrated electronic power systems of modern electric warships. In the event of scheduled load changes or unforeseen disturbances, the power system is expected to operate at a minimum level of performance in areas that could be mission critical and thus result in saving lives. This system will consist of at least three layers: (i) an electrical network, (ii) a computer, control, and communication network, and (iii) a human operator. To make this critical infrastructure operational and efficient, one will have to develop tools and methodologies that combine information technology, control and communication and power systems engineering. Thus, an interdisciplinary team of investigators, with expertise in power, control, computer science, and mathematics will work together on these methodologies. The success of this research will have an impact on reliable operation of electric power systems of an electric warship, as well as on the education of the next generation of power system engineers.

Fieldable Rapid Bioagent Detection: Advanced Resonant Optical Waveguide and Biolayer Structures for Integrated Biosensing.—This research for the Navy will direct detection strategies suitable for handheld unit implementation and applicable to a broad spectrum of agents are central to effective protection and response scenarios for a range of threats from sophisticated biowarfare agents to simple biocontamination of potable and domestic water supplies. Integrated optical techniques based on evanescent wave interaction have received considerable attention and study as a means to effectively interrogate biolayer surface target binding in direct detection devices. This proposal defines a balanced, tightly coupled interdisciplinary research program for modeling, analysis, and synthesis efforts to establish an analytical and experimental understanding of the interdependence of bio-layer and coupled resonant optical waveguide design necessary to quantify intrinsic limits of detection, optimize realizable extrinsic performance, and extend the versatility of this important new class of devices.

Vermont

Heterogeneous Catalysis of Chemical Warfare Agent Simulants Using Porous Inorganic Supports.—DEPSCoR-funded work in Vermont involves the development of catalysts that can decompose chemical warfare agents to non-toxic compounds. The University of Vermont has explored methods by which contaminated equipment could be treated in a non-destructive way so that the equipment could be returned to the battle area, which would minimize the downtime experienced due to a chemical attack. In particular, there are currently very few techniques available to treat the types of sensitive equipment (electronics, objects with complex geometries such as keyboards, etc.) on which the modern "warfighter" has come to rely, and the university is specifically studying materials and methods for this application. Finally, protection (prior to an attack) and decontamination (after an attack) are often based on related technologies, and the university is also exploring the development of materials that could be incorporated into fabrics and polymers to be used for troop pro-

tection. The university has established several connections with industrial partners to discuss commercial development of our materials.

Dispersed Microslug Formation for Discrete Satellite Microthruster Propellant Delivery.—DEPSCoR is funding the development of a miniaturized propulsion system which will be integrated into next-generation small satellites currently being developed by the Air Force and NASA. These satellites will have masses of under 20 kg and will operate in cluster formations (aka, "formation flying") and be capable of executing mission requirements not easily performed by a single satellite.

The value of nanosats to the Department of Defense is derived from it ability to provide enhanced satellite capabilities for supporting ground-based troops, aircraft and naval vessels. This support will come primarily in the form of enhanced space-based reconnaissance and communications. Nanosats in particular offer the ability to quickly deploy large numbers of autonomous and effectively "disposable" satellites into space at low cost. Reconnaissance nanosats may be deployed to provide detailed coverage of a particular combat theater for short periods of time (6–12 months).

In addition to these projects, DEPSCoR research in other states has included: design of helicopter rotors (Alaska); prediction of river currents for Navy operations (Oklahoma); effect of DOD personnel exposure to universal military fuel (Oklahoma); improving prediction of atmospheric conditions to reduce weather related accidents (Oklahoma); securing critical software systems (Vermont & Oklahoma); nerve agent detection (Oklahoma); enhancing stored energy density for weapons (Idaho); development of small engines that operate on universal military fuel (Idaho); improving wireless communication for warfighter systems (South Carolina); acquisition and interpretation of sensor data (South Carolina); effect of exposure of military personnel to extreme physical and climatic conditions (Montana); preventing laser damage or destruction to aircraft optical guidance systems (Montana); increasing durability of lightweight composite materials (Montana); increasing information carried by radar signals (Montana); developing Air Force supported small plastic air-vehicles (Montana); and ultrafast optical communications and data processing (Vermont).

Mr. Chairman and Members of the Subcommittee, the Administration's budget proposes terminating the DEPSCoR program over the next three years and moving funds into education programs. The critical research conducted in DEPSCoR states, mentioned above, demonstrates why the Administration's proposal must be reconsidered by this Subcommittee.

Last year, the Administration's fiscal year 2007 budget proposal showed an out-year funding level for DEPSCoR in fiscal year 2008 of $9.839 million, thus reflecting the Administration's commitment to continuing the DEPSCoR program. This year, the Administration instead proposes to begin a three year sunset of the program by reducing DEPSCoR funding from $9.478 million enacted in fiscal year 2007 to $5.878 million in fiscal year 2008, far less than the $9.8 million contemplated for fiscal year 2008 in last year's budget submission.

This decrease in funding is due to the Administration proposing to move funding from the DEPSCoR program to the National Defense Education Programs (NDEP). The budget justification for NDEP reflects this new money and in fact reflects significant out-year growth in the NDEP program. Thus, no spending reduction or cost-saving is captured under the Administration's planned DEPSCoR sunset. And more importantly, the plan simply moves money that was originally destined for critically underfunded states to a national program, thus abandoning one of the central policy objectives of DEPSCoR, which is to maintain a national research infrastructure.

The Administration stresses the need for research to support the "warfighter" and challenges DEPSCoR's contribution to this effort. As noted in the research programs I listed earlier, DEPSCoR research clearly supports the warfighter and our national security needs by addressing weapon system improvement, chemical and biological agent detection, high-speed data and communication transmission, and physical condition studies critical to deployed military personnel. Furthermore, DEPSCoR grants necessarily support the warfighter because they are competitively chosen to reflect the Defense Department's announced needs and priorities. DEPSCoR supports specific research needs identified by the Air Force Office of Scientific Research (AFOSR), the Army Research Office (ARO) and the Office of Naval Research (ONR).

Mr. Chairman, every state has important contributions to make to the nation's competitiveness and every state has scientists and engineers that can contribute significantly to supporting the research needs of the Department of Defense. DEPSCoR ensures that every state does just that.

Mr. Chairman and Members of this Subcommittee, on behalf of my colleagues in the coalition of EPSCoR states, I respectfully ask that you fund DEPSCoR in fiscal year 2008 at the $20 million level that sustained the program before the funding reductions of recent years. Prior to the decrease in funding, DEPSCoR was funded

at a $20+ million level and produced many more research awards benefiting DOD priorities than it is able to support today, including many of the examples cited above. Between fiscal year 1998 and fiscal year 2001, 283 projects in 20 states were funded, 81 in fiscal year 2000 alone. However, since the program reductions, only 97 projects have been funded in the past four years. This past year, DOD awarded $7 million to 13 academic institutions in nine states to perform research in science and engineering, under the fiscal year 2007 DEPSCoR program. The constrained funding is severely limiting the ability of the EPSCoR states to contribute vital research that supports our national defense needs, and we have heard that DOD may start to restrict the number of proposals from each state for lack of funding.

Funding reductions have impacted Department of Defense research, in my home state of Kentucky. In the last four years only three research awards have been funded (zero in the last two years) compared to sixteen awards between fiscal year 1998-fiscal year 2001.

Mr. Chairman, these cutbacks have created a critical research shortfall. Now more than ever we must invest in research programs that will support our national security and will improve our readiness and defense capabilities in the future. Funding DEPSCoR in fiscal year 2008 at $20 million will return the program to the level necessary to achieve the objectives envisioned by the original authorizing legislation—to build and sustain a national research and engineering infrastructure and to support critical Department of Defense priorities. Furthermore, the matching requirements actually bring more funds to bear from the states to these national programs than does regular funding.

We are making significant research contributions but the budget cuts are wrecking the program.

Thank you for your time and for the opportunity to testify before the Subcommittee.

Senator INOUYE. The vice chairman of the subcommittee wishes to——

Senator STEVENS. Well, I apologize, I had a meeting with the people from the War College, as a matter of fact. I don't want to make an opening statement.

Thank you very much, sorry to miss your comments.

Senator INOUYE. Our next witness is Dr. John Leland, Director of the University of Dayton Research Institute and Chair of ASME's DOD Task Force, representing the American Society of Mechanical Engineers.

STATEMENT OF DR. JOHN LELAND, Ph.D., DIRECTOR, UNIVERSITY OF DAYTON RESEARCH INSTITUTE AND CHAIR, AMERICAN SOCIETY OF MECHANICAL ENGINEER'S DEPARTMENT OF DEFENSE TASK FORCE

Dr. LELAND. Thank you, Chairman Inouye, Senator Stevens, good morning. Again, I am John Leland, Chair of the American Society of Mechanical Engineers (ASME) DOD Task Force, and Director of the University of Dayton Research Institute. I'm pleased to have this opportunity to provide comments to this subcommittee on the fiscal year 2008 Department of Defense budget request.

The American Society of Mechanical Engineers is a 120,000 member professional organization focused on technical, educational, and research issues. Our Nation's engineers play a critical role in national defense through research discoveries, and technology development for military systems. Therefore, my comments will focus on the DOD science and technology budget.

The fiscal year 2008 request for defense, science and technology is $10.93 billion, which is $2.74 billion, or 20 percent, less than the fiscal year 2007 appropriated amount.

Under the requested DOD budget, science and technology funding would drop from 2.5 percent, to only 2 percent of the overall

DOD budget, or total obligational authority. Clearly, this budget is inadequate to meet the needs of our Nation.

At a minimum, $13.2 billion is required to meet the 3 percent of total obligational authority guideline for science and technology. Six point one basic research funding supports science and engineering research and graduate technical education at universities in all 50 States.

Technical leaders and corporations and Government laboratories developing current weapons systems were educated under basic research programs funded by the DOD. Failure to invest in sufficient resources in basic and applied research oriented toward education will reduce innovation and weaken the future scientific and engineering workforce of our country.

Six point two applied research has also funded the education of many of our best defense industry engineers. As Director of the University of Dayton Research Institute, I understand full well the importance of these funds for developing our future scientists and engineers. More than 250 students have the opportunity to work on defense research programs each year at the Research Institute, and many more enjoy opportunities through local defense-oriented companies.

Failure to properly invest in applied research would stifle a key source of technological and intellectual development. Many proposed reductions to individual science and technology research programs are severe, and will certainly have negative impacts on future military capabilities.

As an example, the Army's Materials Technology Program 2008 request is only $18 million, compared to a 2007 appropriated amount of $60 million. Critical research will be halted if this 70 percent reduction is enacted, because this program funds research to develop improved body armor and lightweight vehicle armor to protect troops against improvised explosive devices (IED).

Fortunately, Congress has recognized that such budget cuts are not in the best interest of our country, and has appropriated additional resources to maintain effective science and technology programs.

Investments in science and technology directly effect the future of our national security. We urge this subcommittee to support an appropriate amount of $13.1 billion, or 3 percent of total obligational authority, for science and technology programs.

This request is consistent with recommendations contained in the 2001 Quadrennial Defense Review and made by the Defense Science Board, as well as by senior Defense Department officials, and commanders from the Air Force, Army, and Navy who have voiced support for future allocation of 3 percent as a worthy benchmark for science and technology funding.

The American Society of Mechanical Engineers appreciates the difficult choices that Congress must make in this challenging budgetary environment. I strongly believe, however, that there are critical shortages in DOD science and technology budget requests, specifically in those areas as for basic and applied research, and technical education are critical to the defense of our Nation.

I thank the subcommittee for its ongoing support of Defense science and technology.

Senator INOUYE. Thank you very much, Doctor. I can assure you that the subcommittee agrees with you. We are concerned with the diminishing national pool of engineers, and at a time when we need them, we should be encouraging them. So, your words are well taken, sir.

Dr. LELAND. Thank you very much.

Senator INOUYE. Thank you very much.

[The statement follows:]

PREPARED STATEMENT OF DR. JOHN E. LELAND

INTRODUCTION

Good morning. My name is John Leland. I am the current Chair of the ASME DOD Task Force and Director of the University of Dayton Research Institute and I am pleased to have this opportunity to provide comments to this Subcommittee on the fiscal year 2008 budget request for the Department of Defense.

ASME is a 120,000 member professional organization focused on technical, educational and research issues. Engineers play a critical role in research and technology development to address, and produce the military systems required for national defense. Therefore, my comments will focus on DOD's Research, Development, Test and Evaluation (RDT&E) and Science and Technology (S&T).

DOD REQUEST FOR SCIENCE AND TECHNOLOGY

The fiscal year 2008 budget request for Defense Science and Technology (S&T) is $10.930 billion, which is $2.74 billion less than the fiscal year 2007 appropriated amount of $13.677 billion and represents a 20 percent reduction. The S&T portion of the overall DOD spending of $481 billion would drop from 2.5 percent to 2 percent from the previous budget requested by the administration. Clearly, this budget request is inadequate to meet the country's need for robust S&T funding.

The fiscal year 2008 request, if implemented, would represent a significantly reduced investment in Defense S&T. I strongly urge this committee to consider additional resources to maintain stable funding in the S&T portion of the DOD budget. At a minimum, $13.2 billion, or about $2.1 billion above the President's request is required to meet the three percent of Total Obligational Authority (TOA) guideline recommended by a National Academies study and set in the 2001 Quadrennial Defense Review and by Congress.

Basic Research (6.1) accounts would decrease from $1.56 billion to $1.42 billion, a 8.7 percent decline. While basic research accounts comprise only a small percentage of overall RDT&E funds, the programs that these accounts support are crucial to fundamental, scientific advances and for maintaining a highly skilled science and engineering workforce.

Basic research accounts are used mostly to support science and engineering research and graduate, technical education at universities in all 50 states. Almost all of the current high-technology weapon systems, from advanced body armor, vehicle protection system, to the global positioning satellite (GPS) system, have their origin in fundamental discoveries generated in these basic research programs. Proper investments in basic research are needed now, so that the fundamental scientific results will be available to create innovative solutions for future defense challenges. In addition, many of the technical leaders in corporations and government laboratories that are developing current weapon systems, ranging from the F–35 Joint Strike Fighter to the suite of systems employed to counter Improvised Explosive Devices (IED's), were educated under basic research programs funded by DOD. Failure to invest sufficient resources in basic, defense-oriented research will reduce innovation and weaken the future scientific and engineering workforce. The Task Force recommends that Basic Research (6.1) be funded at a minimum level of $1.7 billion.

Applied Research (6.2) would be reduced from $5.32 billion to $4.36 billion, an 18 percent reduction. The programs supported by these accounts apply basic scientific knowledge, often phenomena discovered under the basic research programs, to important defense needs. Applied research programs may involve laboratory proof-of-concept and are generally conducted at universities, government laboratories, or by small businesses. Many of the successful demonstrations led to the creation of small companies, that were aided by the Small Business Innovative Research (SBIR) programs. Some devices created in these defense technology programs have dual use, such as GPS, and the commercial market far exceeds the defense market. However, without initial support by Defense Applied Research funds, many of these compa-

nies would not exist. Like 6.1 Basic Research, 6.2 Applied Research has also funded the educations of many of our best defense industry engineers. Failure to properly invest in applied research would stifle a key source of technological and intellectual development as well as stunt the creation and growth of small entrepreneurial companies.

The largest reduction would occur in Advanced Technology Development (6.3), which would experience a 22.3 percent decline, from $6.436 billion to $4.999 billion. These resources support programs where ready technology can be transitioned into weapon systems. Without the real system level demonstrations funded by these accounts, companies are reluctant to incorporate new technologies into weapon systems programs.

Several of the proposed reductions to individual S&T program elements are dramatic and could have negative impacts on future military capabilities. An example is the reduction in the Army's Materials Technology program (PE0602105A). The fiscal year 2007 appropriated amount was $60 million and the fiscal year 2008 request is for $18 million. Many worthwhile programs will not be funded if this two-thirds reduction is enacted. This line item funds research in a range of critical materials technologies, including improved body armor to protect troops against improvised explosive devices (IEDs) and in developing light weight armor for vehicle protection, such as is needed for the Future Combat System (FCS). With the problems faced in Iraq with IEDs and the need for lighter armor for the FCS it does not seem wise to cut materials research. Fortunately in the past few years the United States Congress has recognized that such cuts are not in the best interest of the country, and has appropriated additional resources to maintain healthy S&T programs in critical technologies.

DOD REQUEST FOR RDT&E

The Administration requested $78.996 billion for the Research, Development, Test and Evaluation (RDT&E) portion of the fiscal year 2008 DOD budget. These resources are used mostly for developing, demonstrating, and testing weapon systems, such as fighter aircraft, satellites, and warships. This amount represents growth from last year's appropriated amount of $78.231 billion of about 1 percent. Therefore, when adjusted for inflation, this represents a reduction of about 0.8 percent percent in real terms. Funds for Operational Test and Evaluation (OT&E) function remain low, where the proposed funding of $180 million is little more than half of the 2005 appropriated amount of $310 million. The OT&E organization was mandated by Congress, and is intended to insure that weapon systems are thoroughly tested so that they are effective and safe for our troops.

DOD REQUEST FOR THE UNIVERSITY RESEARCH INITIATIVE (URI)

The University Research Initiative (URI) supports graduate education in Mathematics, Science, and Engineering and would see a $35 million decrease from $281 million to $246 million in fiscal year 2008, a 14.5 percent reduction. Sufficient funding for the URI is critical to educating the next generation of engineers and scientists for the defense industry. Since the URI programs were developed, the services have not given a high priority to these programs. A lag in program funds will have a serious long-term negative consequence on our ability to develop a highly skilled scientific and engineering workforce to build weapons systems for years to come. While DOD has enormous current commitments, these pressing needs should not be allowed to squeeze out the small but very important investments required to create the next generation of highly skilled technical workers for the American defense industry. Although URI is reduced in the fiscal year 2008 request, the National Defense Education program (NDEP) is expected to increase from $19 million this year to $44 million.

REDUCED S&T FUNDING THREATENS AMERICA'S NATIONAL SECURITY

Science and technology have played a historic role in creating an innovative economy and a highly skilled workforce. Study after study has linked over 50 percent of our economic growth over the past 50 years to technological innovation. The "Gathering Storm" report places a "special emphasis on information sciences and basic research" conducted by the DOD because of large influence on technological innovation and workforce development. The DOD, for example, funds 40 percent of all engineering research performed at our universities. U.S. economic leadership depends on the S&T programs that support the nation's defense base, promote technological superiority in weapons systems, and educate new generations of scientists and engineers.

Prudent investments also directly affect U.S. national security. There is a general belief among defense strategist that the United States must have the industrial base to develop and produce the military systems required for national defense. Many members of Congress also hold this view. A number of disconcerting trends, such as outsourcing of engineering activities and low participation of U.S. students in science and engineering, threaten to create a critical shortage of native, skilled, scientific and engineering workforce personnel needed to sustain our industrial base. Programs that boost the available number of highly educated workers who reside in the United States are important to stem our growing reliance on foreign nations, including potentially hostile ones, to fill the ranks of our defense industries and to ensure that we continue to produce the innovative, effective defense systems of the future.

RECOMMENDATIONS

In conclusion, I thank the committee for its ongoing support of Defense S&T. The ASME DOD Task Force appreciates the difficult choices that Congress must make in this tight budgetary environment. I believe, however, that there are critical shortages in the DOD S&T areas, particularly in those that support basic research and technical education that are critical to U.S. military in the global war on terrorism and defense of our homeland.

The Task Force recommends the following:

—We urge this subcommittee to support an appropriation of $13.1 billion for S&T programs, which is 3 percent of the overall fiscal year 2008 DOD budget. This request is consistent with recommendations contained in the 2001 Quadrennial Defense Review and made by the Defense Science Board (DSB), as well as senior Defense Department officials and commanders from the Air Force, Army, and Navy, who have voiced support for the future allocation of 3 percent as a worthy benchmark for science and technology programs.

—We also recommend that the committee support the University Research Initiative (URI) by restoring funds for the program to the fiscal year 2006 level of $272 million for fiscal year 2008. A strong investment in advanced technical education will allow the Nation's armed services to draw from a large pool of highly-skilled, native-born workers for its science and engineering endeavors.

This statement represents the views of the ASME Department of Defense Task Force of ASME's Technical Communities and is not necessarily a position of ASME as a whole.

Senator INOUYE. Our next witness is Lieutenant General Dennis M. McCarthy, United States Marine Corps, retired, Executive Director of the Reserve Officers Association of the United States (ROA).

General McCarthy.

STATEMENT OF LIEUTENANT GENERAL DENNIS M. McCARTHY, UNITED STATES MARINE CORPS (RETIRED), NATIONAL EXECUTIVE DIRECTOR, RESERVE OFFICERS ASSOCIATION OF THE UNITED STATES

General MCCARTHY. Senator Inouye, Senator Stevens, thank you very much for the opportunity to testify. I would just make four points this morning.

We have long-advocated, and continue to advocate fully funding the training and equipment accounts of the Reserve components of all of the services. I think you—this subcommittee knows very well that this funding is essential, not just to the readiness, but to the recruiting and retention success that the Reserve components will have. The great young people that we've recruited, and the ones that we want to retain, will not sit around empty training centers, twiddling their thumbs because they don't have the right kind of equipment.

Second, the Secretary of Defense has announced, and I think rightly so, a 1-year mobilization period for all components, but this

really, mostly impacts the Army, which has previously used longer periods.

To successfully deploy, these forces are going to have to be trained in advance of mobilization. This means they have to have the equipment in their home training centers, if they're going to be ready when they actually are mobilized and called to active duty. There will not be time for lengthy predeployment training on a 1-year cycle.

Third, I believe that the subcommittee has seen, I believe history will support the idea that, if the Congress wants funds to go to the Reserve components to buy equipment that will stay with the Reserve components. The only successful way that we seem to have done that is through the National Guard, Reserve, and equipment account. That earmarks equipment, doesn't let it get lost, doesn't let it get subsumed into larger equipment accounts, keeps it identifiable with the Reserve components, and we urge the Congress to take steps to adequately fund the equipment accounts of the Reserve components through the National Guard and Reserve equipment appropriations (NGREA) process.

Last, we have made a recommendation, a request of the subcommittee to consider funding for 1 year a—essentially, pilot project of a law center, that would enable use to continue what we've been doing—what ROA has been doing, out of its own budget, in providing guidance, education, counseling, referral services to service members who have employment-related legal problems. Service members who come back and find difficulties with their employers, and have to make a claim under the USERRA Act, and we have been, we've been trying to provide counseling services. If we had some funding in this, I believe we could do a substantially better job.

I think the subcommittee knows that employers around the country have done an absolutely marvelous job, and the numbers of these cases are relatively small. But, if we think about it, with 600,000 Reserves, and members of the National Guard mobilized, if even 1 or 2 percent of them have problems with their employers, that's a significant number of cases that need to be resolved. And, we think we can do some real good with the Law Center.

So, that's my fourth point, I thank the subcommittee for the opportunity to appear, and we appreciate the support that the Congress has provided.

Thank you, Senator.

Senator INOUYE. I can assure you, General, that the subcommittee is very much concerned about, first, the training and properly equipping our Reserve officers and men. In fact, in the supplemental appropriation, provisions made for that.

And, as for your project, we will give it our most serious consideration.

General MCCARTHY. Thank you, Senator.

Senator INOUYE. Thank you, sir.

[The statement follows:]

PREPARED STATEMENT OF LIEUTENANT GENERAL DENNIS M. MCCARTHY

The Reserve Officers Association of the United States (ROA) is a professional association of commissioned and warrant officers of our nation's seven uniformed services, and their spouses. ROA was founded in 1922 during the drawdown years fol-

lowing the end of World War I. It was formed as a permanent institution dedicated to National Defense, with a goal to teach America about the dangers of unpreparedness. When chartered by Congress in 1950, the act established the objective of ROA to: ". . . support and promote the development and execution of a military policy for the United States that will provide adequate National Security." The mission of ROA is to advocate strong Reserve Components and national security, and to support Reserve officers in their military and civilian lives.

The Association's 70,000 members include Reserve and Guard Soldiers, Sailors, Marines, Airmen, and Coast Guardsmen who frequently serve on Active Duty to meet operational needs of the uniformed services and their families. ROA's membership also includes officers from the U.S. Public Health Service and the National Oceanic and Atmospheric Administration who often are first responders during national disasters and help prepare for homeland security. ROA is represented in each state with 55 departments plus departments in Latin America, the District of Columbia, Europe, the Far East, and Puerto Rico. Each department has several chapters throughout the state. ROA has more than 505 chapters worldwide.

ROA is a member of The Military Coalition where it co-chairs the Tax and Social Security Committee. ROA is also a member of the National Military/Veterans Alliance. Overall, ROA works with 75 military, veterans and family support organizations.

DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Reserve Officers Association is a private, member-supported, congressionally chartered organization. Neither ROA nor its staff receive, or have received, grants, sub-grants, contracts, or subcontracts from the federal government for the past three fiscal years. All other activities and services of the Association are accomplished free of any direct federal funding.

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ROA PRIORITIES

The Reserve Officers Association CY 2007 Legislative Priorities are:

—Assure that the Reserve and National Guard continue in a key national defense role, both at home and abroad.

—Reset the whole force to include fully funding equipment and training for the National Guard and Reserves.

—Providing adequate resources and authorities to support the current recruiting and retention requirements of the Reserves and National Guard.

—Support citizen warriors, families and survivors.

Issues to help FUND, EQUIP, AND TRAIN

Advocate for adequate funding to maintain National Defense during GWOT.

Regenerate the Reserve Components (RC) with field compatible equipment.

Fence RC dollars for appropriated Reserve equipment.

Fully fund Military Pay Appropriation to guarantee a minimum of 48 drills and two weeks training.

Sustain authorization and appropriation to National Guard and Reserve Equipment Account (NGREA) to permit flexibility for Reserve Chiefs in support of mission and readiness needs.

Optimize funding for additional training, preparation and operational support.

Keep Active and Reserve personnel and Operation & Maintenance funding separate.

Equip Reserve Component members with equivalent personnel protection as Active Duty.

Issues to assist RECRUITING AND RETENTION

Support incentives for affiliation, reenlistment, retention and continuation in the RC.

Fund referral recruiting programs for the National Guard and Reserve Services.

Pay and Compensation:

Differential pay for DOD federal employees.

Professional pay for RC medical professionals.

Eliminate the 1/30th rule for Aviation Career Incentive Pay, Career Enlisted Flyers Incentive Pay, Diving Special Duty Pay, and Hazardous Duty Incentive Pay.

Education:

Return MGIB–Selected Reserve to 47 percent of MGIB–Active.

Health Care:

Extend military coverage for restorative dental care for up to 180 days following deployment.

Spouse Support:

Repeal the SBP-Dependency Indemnity Clause (DIC) offset for both AC and RC survivors.

NATIONAL GUARD & RESERVE EQUIPMENT & PERSONNEL ACCOUNTS

Key Issues Facing the Armed Forces Concerning Equipment

Procure the best quality equipment for fighting troops.

Ensure that the right quantity is funded to avoid shortfalls.

Make sure that new/renewed equipment reaches the warriors allowing them to: Fight, Train, Respond.

Reserve Component Equipping Sources

Funded Procurement.

National Guard and Reserve Appropriations (NGREA).

Supplemental.

The above are preferred means to equip. Tracking of appropriated or supplemental funds are difficult for DOD to track. Dollars targeted to the Reserve Component don't always reach where intended. As NGREA is controlled by each Reserve Component (RC) Chief, NGREA funding does provide an audit trail.

—Cascading of equipment from Active Component.

—Cross-leveling.

This type of equipment transfer provides some units with outmoded "hand me down" equipment. These are discredited processes that have failed in the past. Transfer of equipment downgrades readiness for some units to improve the readiness of other units.

—Depot maintenance and overhaul of equipment.

Most equipment being overhauled is combat damaged, or has fallen outside maintenance standards. Such equipment must be stripped down and rebuilt completely. The process is slow; almost as long as to build from scratch. Equipment is backlogged for units needing equipment for readiness. Costs are about 75 percent of replacement costs.

Resetting the Force

By resetting or reconstitution of the force, ROA means the process to restore people, aircraft and equipment to a high state of readiness following a period of higher-than-normal, or surge, operations.

Operations Iraqi Freedom and Enduring Freedom are consuming the Active and Reserve Component force's equipment. Wear and tear is at a rate many times higher then planned. Battle damage expends additional resources.

Many equipment items used in Southwest Asia are not receiving depot-level repair because equipment items are being retained in theater. The condition of equipment items in theater will likely continue to worsen and the equipment items will likely require more extensive repair or replacement when they eventually return to home stations.

In addition to dollars already spent to maintain this well-worn equipment for ongoing operations, the Armed Forces will likely incur large expenditures in the future to repair or replace (reset) a significant amount of equipment when hostilities cease. The services are currently funding their reset programs in large part through the use of supplemental appropriations.

Personnel

Training.—When Reserve Component personnel participate in an operation they are focused on the needs of the particular mission, which may not include everything required to maintain qualification status in their military occupation specialty (MOS, AFSC, NEC).

There are many different aspects of training that are affected:
—Skills that must be refreshed for specialty.
—Training needed for upgrade but delayed.
—Ancillary training missed.
—Professional military education needed to stay competitive.
—Professional continuing education requirements for single-managed career fields and other certified or licensed specialties required annually.
—Graduate education in business related areas to address force transformation and induce officer retention.

Loss.—There are particular challenges that occur to the force when a loss occurs during a mobilization or operation and depending on the specialty this can be a particularly critical requirement that must be met.
—Recruiting may require particular attention to enticing certain specialties or skills to fill critical billets.
—Minimum levels of training (84 days basic, plus specialty training).
—Retraining may be required due to force leveling as emphasis is shifted within the service to meet emerging requirements.

End Strength

ROA recommends a freeze on reductions to the Guard and Reserve manning levels. ROA urges this subcommittee to fund the following personnel levels.

	Amount
Army National Guard	351,300
Army Reserve	205,000
Navy Reserve	71,300
Marine Corps Reserve	39,600
Air National Guard	107,000
Air Force Reserve	74,900
Coast Guard Reserve	10,000

In a time of war and the highest OPTEMPO in recent history, it is wrong to make cuts to the end strength of the Reserve Components. The Commission on National Guard and Reserve will be examining Reserve Force Structure, and will make recommendations as to size in its report to the Congress in October 2007.

Readiness

As the committee understands, readiness is a product of many factors, including the quality of officers and enlisted, full staffing, extensive training and exercises, well-maintained weapons and authorized equipment, efficient procedures, and the capacity to operate at a fast tempo. The pace of wartime operations has a major impact on service members.

The Defense Department does not attempt to keep all active units at full wartime readiness. Units are rated at five different levels of readiness. Many are capable of meeting the bulk of wartime missions, where others can meet a major portion of the wartime tasking. The two lowest levels exist where units require resources and/or training to undertake wartime missions. The last group may require mission and resource changes and is not prepared to go to war.

The risk being taken by DOD by not resetting the returning Active and Reserve units is that their readiness may be reduced because of missing equipment, and without authorized equipment their training levels will deteriorate. Loss of the ability to train also hurts retention efforts.

UNFUNDED ARMY REQUIREMENTS

The Army National Guard and Army Reserve have made significant contributions to ongoing military operations, but equipment shortages and personnel challenges have increased and, if left unattended, may hamper the reserves' preparedness for future overseas and domestic missions.

To provide deployable units, the Army National Guard and the Army Reserve have transferred large quantities of personnel and equipment to deploying units, an approach that has resulted in growing shortages in nondeployed units. Also, reserve units have left significant quantities of equipment overseas and DOD has not yet developed plans to replace it.

The Department of Defense (DOD) faces the unprecedented challenge of sustaining large-scale, long-duration operations with an all-volunteer military force. In addition, DOD's homeland defense missions have taken on higher priority, and Na-

tional Guard forces have state responsibilities for homeland security activities as well as their traditional roles in responding to natural disasters.

The Army National Guard reports that its average units have about 40 percent of their required equipment, and the Army Reserve reports that its units have about half of the modern equipment they need to deploy.

Readiness challenges have occurred because the Army reserve components' role has shifted from a strategic reserve force to an operational force that is being used on an ongoing basis. However, DOD has not fully reassessed its equipment, personnel, and training needs and developed a new model for the Reserves appropriate to the new operational environment.

The Army is implementing an Army Force Generation (ARFORGEN) model through which reserve units' readiness will be increased as units move closer to eligibility for deployment. However, the Army has not fully determined the equipment, personnel, and training that units will require at each stage of the cycle or fully identified the resources to implement its plans. Funding of $1.6 billion for modularity through ARFORGEN is required.

Dual Use Equipment.—The tragedy in Greensburg, Kansas only highlights a problem faced by National Guard and Army Reserve units. Some Governors state that their disaster relief, following an emergency, is likely hampered because much of the equipment usually positioned around their states is in Iraq. Reserve Component units are being sent overseas with their equipment, but when they come home, the gear often stays in the war zones.

During a disaster, the capability to respond is measured by the availability of equipment.

Under DOD equipping plans, numerous items that are in the allowance from the Table of Organization and Equipment (T/O&E) have dual-use; intended for both overseas and homeland security purposes. These shortages could also adversely affect reserve units' ability to perform homeland defense missions and provide support to civil authorities in the event of natural disasters or terrorist attacks.

As of June of last year, Army National Guard units had left more than 64,000 pieces of equipment worth more than $1.2 billion overseas.

The Army Reserve has 14,000 items in need of inspection, repair and overhaul, and needs $742 million to replace stay behind equipment. Depot maintenance faces a $372 million shortfall.

Compatible Equipment.—Much of the Guard and Reserve do not have priority for the newest and most modern equipment. Much of the equipment is older and not compatible with the Active Army. While the substitute items may be adequate for training, this equipment must not be allowed in the theater of operation as they might not be compatible to other operating units, and may not sustain logistically.

75 percent of the Army Reserve's light medium trucks are not Modular Force compatible or deployable.

50 percent of the medium line haul tractors do not support single fleet policy and aren't integral to training and operational efficiency.

[In millions of dollars]

	Amount
Army Reserve Unfunded Modernization Vehicle Requirements—$1.826 Billion:	
Light-medium trucks (LMTV) 2.5 Ton Truck	425
Medium Tactical Vehicle (MTV) 5.0 Ton Truck	761
Truck Cargo PLS 10x10 M1075	106
PLS Trailer	25
High Mobility Multi-Purpose Wheeled Vehicle (HMMWV)	304
High Mobility Multi-Purpose Wheeled Vehicle, up-armored	133
Truck Tractors Line Haul (M915A3)	71
Army National Guard Top Equipment Shortfalls:	
HMMWV	1,610.6
Family of Medium Tactical Vehicles	5,198.1
High Terrain Vehicles—HEMTT/LHS/PLS	1,201.2
M916A3 Light Equipment Transporter	191.8
Tactical Trailers	137.9
M917A2 Dump Truck	67.4
CH–47F Chinook Helicopter	6,678.0
Communications Systems (JNN, SINCGARS, HF)	1,997.2
UAV Systems (Shadow, Raven)	270.0
Small Arms	248.8

AIR FORCE EQUIPMENT PRIORITIES

ROA continues to support military aircraft Multi-Year Procurement (MYP) for more C–17s and more C–130Js for USAF. The Air Force Reserve (AFR) mission is to be an integrated member of the Total Air Force to support mission requirements of the joint warfighter.

[In millions of dollars]

	Amount
Air Force Reserve Unfunded Requirements:	
C–5A Galaxy:	
Airlift Defensive System (ADS)	17.3
Large Aircraft Infrared Countermeasures (LAIRCM)	67.8
Structural Repairs (2) aircraft	22.0
C–130 Hercules:	
Large Aircraft Infrared Countermeasures (LAIRCM) C–130H	56.6
Large Aircraft Infrared Countermeasures (LAIRCM) C–130J	22.2
Secure Multi-Band Jam Resistant Radio AN/ARC–210	.8
C–17 Globemaster: Large Aircraft Infrared Countermeasures (LAIRCM)	41.8
F–16 Fighting Falcon: Secure Multi-Band Jam Resistant Radio AN/ARC–210	6.0
B–52H Stratofortress: Secure Multi-Band Jam Resistant Beyond Line of Sight Radio	1.3
Developing Airmen: Air National Guard/A.F. Reserve Test Center (AATC) support	1.4

Air Force Reserve needs $10 million in unfunded depot purchased equipment maintenance. Funding to support restoration and modernization of facilities is $89 million per year.

Air National Guard Unfunded Equipment Requirements

Priority 1 equipment requirements by the Air National Guard total $500 million. This includes medical, communications, logistics, transportation, explosive ordnance, civil support teams, maintenance, security, and aviation requirements. Some examples are:

[In millions of dollars]

	Amount
Cell phone Restoral Small SATCOM for data and voice, first response	10.0
Expeditionary Medical System (EMEDS) purchases	24.2
SF Individual body armor (IBA) Helmets	1.7
Night Vision equipment (PVS–14), security	5.0
HH–60 Panoramic Night Vision Systems	1.3
HC/MC 130 Multi Function Color Display	2.7
EC–130J Commando Solo conversion	1.0
C–130 Virtual Electronic Combat System (VECTS) trainer	1.0
F–15 IC Central Computer (VCC+) upgrade	1.0
Advanced Targeting Pods	5.2
Helmet Mounted Cueing System (HMCS)	1.0
Virtual Threat Recognition and Avoidance Trainer	1.0
Senior Scout MCT	1.0
C–40 C (Boeing 737)	85.0

NAVY RESERVE EQUIPMENT PRIORITIES

The Active Reserve Integration (ARI) aligns Active Component and Reserve Component units to achieve unity of command. Naval Reservists are aligned and fully integrated into their AC supported commands. Little distinction is drawn between AC and RC equipment. Some unique missions remain that need support.

C–40 A Combo cargo/passenger Airlift (4)—$330.0 million.

—The Navy requires a Navy Unique Fleet Essential Airlift Replacement Aircraft. This aircraft was designated as the C–40A and needs to replace the aging C–9 fleet. The maximum range for the C–40A is approximately 1,500 miles more than the C–9.

—The C–40A will accommodate 121 passengers, or eight pallets of cargo, or a combination configuration consisting of 3 pallets and 70 passengers. The C–40A is able to carry 121 passengers or 40,000 pounds of cargo, compared with 90 passengers or 30,000 pounds for the C–9. In addition, the maximum range for the Clipper is approximately 1,500 miles more than the C–9. The Navy has a

fleet 21 aging C–9; the Marine Corps has two C–9 aircraft. The Navy has ordered nine C–40A's, seven of which were Congressional add-ons.

Civil Engineering Support Equipment, Tactical Vehicles, Communications Equipment and other Table of Allowance items supporting—$38.0 million.

—Naval Coastal Warfare (NCW) Units

—Explosive Ordnance Disposal (EOD) Units

—Naval Construction Forces (NCF)

—Navy Equipment Logistics Support Groups (ELSG)

C–130, C–9, and C–40A upgrades and spare equipment—$69.7 million.

MARINE CORPS RESERVE EQUIPMENT PRIORITIES

The Marine Corps Reserve faces two primary equipping challenges, supporting and sustaining its forward deployed forces in the Global War On Terrorism while simultaneous resetting and modernizing the Force to prepare for future challenges. Only by equally equipping and maintaining both the Active and Reserve forces an integrated Total Force will be seamless.

Priorities to support and sustain USMCR forces:

Obtain latest generation of Individual Combat and Protective Equipment including: M4 rifles, Rifle Combat Optic (RCO) scopes, Helmet pad systems, Small Arms Protective Insert (SAPI) plates, and Night Vision Goggles.

Simulation Training Devises.

Adequate funding to Operation and Maintenance accounts to sustain training and Predeployment operations.

Priorities to reset and modernize USMCR forces:

Procure principal end-items necessary to reestablish Training Allowance to conduct home training.

Equip two new Light Armored Reconnaissance Companies.

Procure satellite/long-haul communication equipment shortfalls.

Update legacy aircraft.

Deployed unit equipment readiness rates remain high (95 percent). Ground equipment mission readiness rates for non-deployed Marine Forces Reserve Units average 85 percent based on Training Allowance. Reduced readiness results from shortages in home station Training Allowance. There is approximately a 10 percent readiness shortfall across the Force for most equipment.

Restoration and Modernization (R&M) funding continues to be a challenge for the USMCR, due to its $16.5 million backlog across the Future Years Defense Plan (FYDP) and an overall backlog of $52.6 million. More than 50 percent of USMC Reserve Centers are over 40 years old and 35 percent over 50 years old.

NATIONAL GUARD AND RESERVE EQUIPMENT APPROPRIATION

Prior to 1997, the National Guard and Reserve Equipment Appropriation was a critical resource to ensure adequate funding for new equipment for the Reserve Components. The much-needed items not funded by the respective service budget were frequently purchased through this appropriation. In some cases it was used to bring unit equipment readiness to a needed state for mobilization.

With the war, the Reserve and Guard are faced with mounting challenges on how to replace worn out equipment, equipment lost due to combat operations, legacy equipment that is becoming irrelevant or obsolete, and in general replacing that which is gone or aging through normal wear and tear. The Reserve Components would benefit greatly from a National Military Resource Strategy that includes a National Guard and Reserve Equipment Appropriation.

To optimize the readiness of the Guard and Reserve it is also imperative to maintain separate Reserve funds from the Active duty.

ROA LAW CENTER

The Reserve Officers Association's recommends the development of a Servicemembers Law Center, tasked to advise Active and Reserve servicemembers who have been subject to legal problems that occur during deployment.

Justification.—Recruiting of prior service members into the Reserve Component is on the decline because service members leaving active duty fear ramification of ongoing deployments on new civilian careers. A legal center would help:

—*Recruit*.—Encourage new members to join the Guard and Reserve by providing a non-affiliation service to educate prior service members about USERRA and SCRA protections.

—*Retain*.—Work with Active and Reserve Component members to counsel about Former Spouses Protection Act, USERRA and SCRA for the recently deployed facing legal problems.

Law Center's Services

Counseling.—Review cases, and advise individuals and their lawyers as to legitimacy of actions taken against deployed active and reserve component members.

Referral.—Provide names of attorneys within a region that have successfully taken up USFSPA, USERRA and SCRA issues.

Promote.—Publish articles encouraging law firms and lawyers to represent service members in USFSPA, USERRA and SCRA cases.

Advise.—File Amicus Curiae, "friend of the court" briefs on servicemember protection cases.

Educate.—Quarterly seminars to educate attorneys a better understanding of USFSPA, USERRA and SCRA.

ROA could incorporate the legal center into the newly remodeled ROA Minuteman Memorial building. ROA would set-aside office spaces. ROA's Defense Education Fund would hire an initial staff of one lawyer, and one administrative law clerk to man the Servicemembers Law Center to counsel individuals and their legal representatives.

Anticipated startup cost, first year: $750,000.

CIOR/CIOMR FUNDING REQUEST

The Interallied Confederation of Reserve Officers (CIOR) was founded in 1948, and its affiliate organization, The Interallied Confederation of Medical Reserve Officers (CIOMR) was founded in 1947. The organization is a nonpolitical, independent confederation of national reserve associations of 16 signatory countries of the North Atlantic Treaty Organization (NATO), representing over 800,000 reserve officers.

CIOR supports four programs to improve professional development and international understanding. Dues do not cover these programs and individual countries help fund the events. The Department of the Army as Executive Agent hasn't been funding these programs.

Military Competition.—The CIOR Military Competition is a strenuous three day contest on warfighting skills among Reserve Officers teams from member countries. These contests emphasize military activities relevant to the multinational aspects of current and future Alliance operations.

Language Academy.—The two official languages of NATO are English and French. As a non-government body, operating on a limited budget, the Academy offers intensive courses in English and French and affords national junior officer members the opportunity to become fluent in a second language.

Partnership for Peace (PfP).—Established in 1994 with the focus of assisting NATO PfP nations develop reserve officer and enlisted organizations according to democratic principles. CIOR's PfP Committee supports the advancement of a balanced civil-military leadership. CIOR PfP Committee also assists participating countries in the Military Competition.

Young Reserve Officers Workshops are arranged annually by the NATO International Staff (IS). Selected issues are assigned to joint seminars through the CIOR Defense and Security Issues (SECDEF) Commission, allowing junior grade officers to analyze Reserve concerns relevant to NATO in a combined environment.

CONCLUSION

DOD is in the middle of executing a war and operations in Iraq are directly associated with this effort. The impact of the war is affecting the very nature of the Guard and Reserve, not just the execution of Roles and Missions. Without adequate funding, the Guard and Reserve may be viewed as a source to provide funds to the Active Component. It makes sense to fully fund the most cost efficient components of the Total Force, its Reserve Components.

At a time of war, we are expending the smallest percentage of GDP in history on National Defense. Funding now reflects about 3.9 percent of GDP. ROA has a resolution urging that defense spending should be 5 percent to cover both the war and Homeland Security. While these are big dollars, the President and Congress must understand that this type of investment is what it will take to equip, train and maintain an all-volunteer force for adequate National Security.

The Reserve Officers Association, again, would like to thank the subcommittee for the opportunity to present our testimony. We are looking forward to working with you, and supporting your efforts in any way that we can.

Senator INOUYE. Our next witness is Captain Marshall Hanson, of the United States Naval Reserve, Co-Director of the National Military and Veterans Alliance.

STATEMENT OF CAPTAIN MARSHALL HANSON, UNITED STATES NAVY (RETIRED), CO-DIRECTOR, NATIONAL MILITARY AND VETERANS ALLIANCE

Captain MARSHALL. Mr. Chairman, Senator Stevens, the National Military and Veterans Alliance (NMVA) is very grateful for the invitation to testify to you about our views and suggestions concerning defense funding and issues.

The NMVA is made up of 30 associations of serving members, veterans, families and survivors, that represent 3.5 million members. The alliance supports a strong national defense.

While the NMVA recognizes that the subcommittee is working under budget restraints, the alliance urges the President and Congress to increase defense spending to 5 percent of the Gross Domestic Product during times of war to cover procurement, and prevent unnecessary personnel end-strength cuts.

Further, the NMVA supports funding increases in support of the end-strength boost on the Active duty component to the Army and Marine Corps that has been recommended by defense authorizers. Current Army policy has changed a deployment from 12 to 15 months, a larger force will help our young warriors have the ability to stay longer at home in between these deployments.

Recruiting and retention is paramount in the global war on terrorism, and today's youth will be judging how our veterans of today's wars are treated. So, the NMVA supports bonuses and incentives to encourage people to join.

One program that we would like the subcommittee to support, is a Guard recruiting program, where a Guardsman is paid $1,000 referring a new member to a recruiter, and then paid another $1,000 if that individual goes to basic training. We think this is a very successful program, the Guard are very excited to be able to do their own recruiting, it's helped the Guard get the end numbers, and we'd like to see this program extended and funded to the rest of the Federal Reserve component.

The last point that I want to touch upon, deals with the survivor benefit plan (SBP), and dependency and indemnity compensation (DIC) offset. Our widows of members who are killed in the line of service are still being penalized, and this offset is basically taking SBP funds away from them that their warrior purchases an annuity, because it's being displaced by the DIC payment.

The alliance supports Senator Nelson's bill which would offset, and eliminate this injustice. But, if funding tends to be restricted, the alliance is also open to a phased-in implementation of a SBP/DIC offset that has been suggested in the House Armed Services Committee.

The alliance thanks the subcommittee for our opportunity to testify before you. You continue to be leaders in the area of advocacy for Defense, and we applaud your nonpartisan approach that you take to these important issues.

And, we stand by for any questions, or any way we can help the subcommittee.

Senator INOUYE. As you well know, Senator Stevens and I are the few remaining combat veterans of World War II, and as such, we appreciate your words. We'll do our very best.

Captain MARSHALL. Thank you, sir.

Senator INOUYE. Thank you, sir.

Senator STEVENS. Senator, can I ask—how many members are part of your association?

Captain MARSHALL. My association—I represent the National Military and Veterans Alliance, and we represent 3.5 million members who belong to the 30 associations that make up the alliance.

Senator STEVENS. And what's their age bracket?

Captain MARSHALL. Excuse me, sir?

Senator STEVENS. What is their age bracket?

Captain MARSHALL. The age bracket goes from, from everywhere from age 18, to new recruits, all the way up to retirees that are veterans of World War II.

Senator STEVENS. Thank you, thank you.

Senator INOUYE. Thank you very much.

[The statement follows:]

PREPARED STATEMENT OF CAPTAIN MARSHALL HANSON

NATIONAL MILITARY AND VETERANS ALLIANCE

The Alliance was founded in 1996 as an umbrella organization to be utilized by the various military and veteran associations as a means to work together towards their common goals. The Alliance member organizations are: American Logistics Association; American Military Retirees Association; American Military Society; American Retirees Association; American World War II Orphans Network; AMVETS (American Veterans); Armed Forces Marketing Council; Catholic War Veterans; Gold Star Wives of America, Inc.; Japanese American Veterans Association; Korean War Veterans Foundation; Legion of Valor; Military Order of the Purple Heart; Military Order of the World Wars; Military Order of Foreign Wars; National Assoc. for Uniformed Services; National Gulf War Resource Center; Naval Enlisted Reserve Association; Naval Reserve Association; Paralyzed Veterans of America; Reserve Enlisted Association; Reserve Officers Association; Society of Military Widows; The Retired Enlisted Association; TREA Senior Citizens League; Tragedy Assist. Program for Survivors; Uniformed Services Disabled Retirees; Veterans of Foreign Wars; Vietnam Veterans of America; Women in Search of Equity.

These organizations have over three and a half million members who are serving our nation or who have done so in the past, and their families.

INTRODUCTION

Mister Chairman and distinguished members of the Committee, the National Military and Veterans Alliance (NMVA) is very grateful for the invitation to testify before you about our views and suggestions concerning defense funding issues. The overall goal of the National Military and Veterans Alliance is a strong National Defense. In light of this overall objective, we would request that the committee examine the following proposals.

While the NMVA highlights the funding of benefits, we do this because it supports National Defense. A phrase often quoted "The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the Veterans of earlier wars were treated and appreciated by their country," has been frequently attributed to General George Washington. Yet today, many of the programs that have been viewed as being veteran or retiree are viable programs for the young veterans of this war. This phrase can now read "The willingness with which our young people, today, are willing to serve in this war is how they perceive the veterans of this war are being treated."

This has been brought to the forefront by how quickly an issue such as the treatment of wounded warriors can be brought to the national attention.

In a long war, recruiting and retention becomes paramount. The National Military and Veterans Alliance, through this testimony, hopes to address funding issues that apply to the veterans of various generations.

FUNDING NATIONAL DEFENSE

NMVA is pleased to observe that this year; the Congress is discussing how much should be spent on National Defense. The Alliance urges the President and Congress to increase defense spending to 5 percent of Gross Domestic Product during times of war to cover procurement and prevent unnecessary personnel end strength cuts. In addition, while the debate on Iraqi policy is important, the Alliance would like to stress that resulting legislation should be independent and not included as language in Defense Appropriation bill. Supporting the troops includes providing funding for their missions.

PAY AND COMPENSATION

Our serving members are patriots willing to accept peril and sacrifice to defend the values of this country. All they ask for is fair recompense for their actions. At a time of war, compensation rarely offsets the risks.

The NMVA requests funding so that the annual enlisted military pay raise equals or exceeds the Employment Cost Index (ECI).

Further, we hope that this committee continues to support targeted pay raises for those mid-grade members who have increased responsibility in relation to the overall service mission. Pay raises need to be sufficient to close the civilian-military pay gap.

NMVA would apply the same allowance standards to both Active and Reserve when it comes to Aviation Career Incentive Pay, Career Enlisted Flyers Incentive Pay, Diving Special Duty Pay, Hazardous Duty Incentive Pay and other special pays.

The Service chiefs have admitted one of the biggest retention challenges is to recruit and retain medical professionals. NMVA urges the inclusion of bonus/cash payments (Incentive Specialty pay IPS) into the calculations of Retirement Pay for military health care providers. NMVA has received feedback that this would be incentive to many medical professionals to stay in longer.

FORCE POLICY AND STRUCTURE

End Strength

The NMVA supports funding increases in support of the end strength boosts of the Active Duty Component of the Army and Marine Corps that have been recommended by Defense Authorizers. New recruits need to be found and trained now to start the process so that American taxpayer can get a return on this investment. Such growth is not instantaneously productive.

The NMVA would like to also put a freeze on reductions to the Guard and Reserve manning levels. With the Commission on the Guard and Reserve now active, it makes sense to put a moratorium on reductions to End Strength until after they report back to Congress with recommendations. NMVA urges this subcommittee to at least fund to last year's levels.

SURVIVOR BENEFIT PLAN (SBP) AND SURVIVOR IMPROVEMENTS

The Alliance wishes to deeply thank this Subcommittee for your funding of improvements in the myriad of survivor programs.

However, there are still two remaining issues to deal with to make SBP the program Congress always intended it to be: Ending the SBP/DIC offset and moving up the effective date for paid up SBP to October 1, 2006.

SBP/DIC Offset affects several groups. The first is the family of a retired member of the uniformed services. At this time the SBP annuity the servicemember has paid for is offset dollar for dollar for the DIC survivor benefits paid through the VA. This puts a disabled retiree in a very unfortunate position. If the servicemember is leaving the service disabled it is only wise to enroll in the Survivor Benefit Plan (perhaps being uninsurable in the private sector). If death is service connected then the survivor loses dollar for dollar the compensation received under DIC.

SBP is a purchased annuity, available as an elected earned employee benefit. The program provides a guaranteed income payable to survivors of retired military upon the member's death. Dependency and Indemnity Compensation (DIC) is an indemnity program to compensate a family for the loss of a loved one due to a service connected death. They are different programs created to fulfill different purposes and needs.

A second group affected by this dollar for dollar offset is made up of families whose service member died on active duty. Recently Congress created active duty SBP. These service members never had the chance to pay into the SBP program. But clearly Congress intended to give these families a benefit. With the present off-

set in place the vast majority of families receive NO benefit from this new program, because the vast numbers of our losses are young men or women in the lower paying ranks. SBP is completely offset by DIC payments.

Other affected families are service members who have already served a substantial time in the military. Their surviving spouse is left in a worse financial position that a younger widow. The older widows will normally not be receiving benefits for her children from either Social Security or the VA and will normally have more substantial financial obligations (mortgages etc). This spouse is very dependent on the SBP and DIC payments and should be able to receive both.

Thirty Year Paid-Up SBP.—In the fiscal year 1999 Defense Authorization Act Congress created a simple and fair paid up provision for the Survivor Benefit Plan. A member who had paid into the program for 30 years and reached the age of 70 could stop paying premiums and still have the full protection of the plan for his or her spouse. Except that the effective date of this provision is October 1, 2008. Many have been paying for as long as 34 years.

The NMVA respectfully requests this Subcommittee fund the SBP/DIC offset and 30 year paid-up SBP if authorized.

CURRENT AND FUTURE ISSUES FACING UNIFORMED SERVICES HEALTH CARE

The National Military and Veterans Alliance must once again thank this Committee for the great strides that have been made over the last few years to improve the health care provided to the active duty members, their families, survivors and Medicare eligible retirees of all the Uniformed Services. The improvements have been historic. TRICARE for Life and the Senior Pharmacy Program have enormously improved the life and health of Medicare Eligible Military Retirees their families and survivors. It has been a very successful few years. Yet there are still many serious problems to be addressed:

Wounded Warrior Programs

As the committee is aware, Congress has held a number of hearings about the controversy at Walter Reed Army Medical Center. The NMVA will not revisit the specifics. With the Independent Review Group and the Dole/Shalala Commission recommending the closure of Walter Reed, an emphasis needs to be placed on the urgency of upgrades at Bethesda, and the new military treatment hospital at Fort Belvoir.

The Alliance does support funding for the wounded warriors, including monies for research and treatment on Traumatic Brain Injuries (TBI), Post Traumatic Stress Disorder, the blinded, and our amputees. The nation owes these heroes an everlasting gratitude and recompense that extends beyond their time in the military. These casualties only bring a heightened need for a DOD/VA electronic health record accord to permit a seamless transition from being in the military to being a civilian.

Full Funding for the Defense Health Program

The Alliance applauds the Subcommittee's role in providing adequate funding for the Defense Health Program (DHP) in the past several budget cycles. As the cost of health care has risen throughout the country, you have provided adequate increases to the DHP to keep pace.

Full funding for the defense health program is a top priority for the NMVA. With the additional costs that have come with the deployments to Southwest Asia, Afghanistan and Iraq, we must all stay vigilant against future budgetary shortfalls that would damage the quality and availability of health care.

With the authorizers having postponed the Department of Defenses suggested fee increases, the Alliance is concerned that the budget saving have already been adjusted out of the President's proposed budget. NMVA is confident that this subcommittee will continue to fund the DHP so that there will be no budget shortfalls.

The National Military and Veterans Alliance urges the Subcommittee to continue to ensure full funding for the Defense Health Program including the full costs of all new programs.

TRICARE Pharmacy Programs

DOD's rationalize for suggesting pharmacy fee increase as it costs the government twice as much for a drug through the TRICARE Retail Pharmacy program (TRRx) than it does for the same drug through the TRICARE Mail Order Pharmacy Program (TMOP). DOD believes the rise in the TRRx co-payments will increase revenue and force beneficiaries migrate to the TMOP program, where the costs for their prescriptions are lower.

NMVA may understand the motives for this change, but has concerns about how it is being implemented. Often times the retail pharmacy network is the only source to immediately fill a prescription, as many pharmacy beneficiaries are unable to go to a military clinic for the initial prescription. To truly motivate beneficiaries to a shift from retail to mail order adjustments need to be made to both generic and brand name drugs co-payments.

Ideally, the NMVA would like to see the reduction in mail order co-payments without an increase in co-payments for Retail Pharmacy, but NMVA suggests that if pharmacy co-payments are adjusted that: (1) the higher retail pharmacy co-payments not apply on an initial prescription, but on refills of a serial maintenance prescription, and (2) if co-payments must be raised on retail pharmacy, that both generic and brand name mail order prescriptions be reduced to zero dollar co-payments.

The National Military and Veterans Alliance urges the Subcommittee to adequate fund adjustments to co-payments in support of recommendations from Defense Authorizers.

TRICARE Standard Improvements

TRICARE Standard grows in importance with every year that the Global War on Terrorism continues. A growing population of mobilized and demobilized Reservists depends upon TRICARE Standard. A growing number of younger retirees are more mobile than those of the past, and likely to live outside the TRICARE Prime network.

An ongoing challenge for TRICARE Standard involves creating initiatives to convince health care providers to accept TRICARE Standard patients. Health care providers are dissatisfied with TRICARE reimbursement rates that are tied to Medicare reimbursement levels. The Alliance was pleased and relieved by the Administration's and Congress' recent corrections and improvements in Medicare reimbursement rates, which helped the TRICARE Program.

Yet this is not enough. TRICARE Standard is hobbled with a reputation and history of low and slow payments as well as what still seems like complicated procedures and administrative forms that make it harder and harder for beneficiaries to find health care providers that will accept TRICARE. Any improvements in the rates paid for Medicare/TRICARE should be a great help in this area. Additionally, any further steps to simplify the administrative burdens and complications for health care providers for TRICARE beneficiaries hopefully will increase the number of available providers.

The Alliance asks the Defense Subcommittee to include language encouraging continued increases in TRICARE/Medicare reimbursement rates.

TRICARE Retiree Dental Plan (TRDP)

The focus of the TRICARE Retiree Dental Plan (TRDP) is to maintain the dental health of Uniformed Services retirees and their family members. Several years ago we saw the need to modify the TRDP legislation to allow the Department of Defense to include some dental procedures that had previously not been covered by the program to achieve equity with the active duty plan.

With ever increasing premium costs, NMVA feels that the Department should assist retirees in maintaining their dental health by providing a government cost-share for the retiree dental plan. With many retirees and their families on a fixed income, an effort should be made to help ease the financial burden on this population and promote a seamless transition from the active duty dental plan to the retiree dental plan in cost structure. Additionally, we hope the Congress will enlarge the retiree dental plan to include retired beneficiaries who live overseas.

The NMVA would appreciate this Committee's consideration of both proposals.

NATIONAL GUARD AND RESERVE HEALTH CARE

Funding Improved TRICARE Reserve Select

It is being suggested that the TRICARE Reserve Select healthcare plan be changed to allow the majority of Selected Reserve participate at a 28 percent co-payment level with the balance of the premium being paid by the Department of Defense.

NMVA asks the committee to continue to support funding of the revised TRICARE Reserve Select program.

Mobilized Health Care—Dental Readiness of Reservists

The number one problem faced by Reservists being recalled has been dental readiness. A model for healthcare would be the TRICARE Dental Program, which offers

subsidized dental coverage for Selected Reservists and self-insurance for SELRES families.

In an ideal world this would be universal dental coverage. Reality is that the services are facing challenges. Premium increases to the individual Reservist have caused some junior members to forgo coverage. Dental readiness has dropped. The Military services are trying to determine how best to motivate their Reserve Component members but feel compromised by mandating a premium program if Reservists must pay a portion of it.

Services have been authorized to provide dental treatment as well as examination, but without funding to support this service. By the time many Guard and Reserve are mobilized, their schedule is so short fused that the processing dentists don't have time for extensive repair.

The National Military Veterans Alliance supports funding for utilization of Guard and Reserve Dentists to examine and treat Guardsmen and Reservists who have substandard dental hygiene. The TRICARE Dental Program should be continued, because the Alliance believes it has pulled up overall Dental Readiness.

Demobilized Dental Care

Under the revised transitional healthcare benefit plan, Guard and Reserve who were ordered to active duty for more than 30 days in support of a contingency and have 180 days of transition health care following their period of active service.

Similar coverage is not provided for dental restoration. Dental hygiene is not a priority on the battlefield, and many Reserve and Guard are being discharged with dental readiness levels much lower than when they were first recalled. At a minimum, DOD must restore the dental state to an acceptable level that would be ready for mobilization, or provide some subsidize for 180 days to permit restoration from a civilian source.

Current policy is a 30 day window with dental care being space available at a priority less than active duty families.

NMVA asks the committee for funding to support a DOD's demobilization dental care program. Additional funds should be appropriated to cover the cost of TRICARE Dental premiums and co-payment for the six months following demobilization if DOD is unable to do the restoration.

OTHER RESERVE/GUARD ISSUES

MGIB–SR Enhancements

Practically all active duty and Selected Reserve enlisted accessions have a high school diploma or equivalent. A college degree is the basic prerequisite for service as a commissioned officer, and is now expected of must enlisted as they advance beyond E–6.

Officers to promote above O–4 are expected to have a post graduate degree.

This makes the Montgomery G.I. Bill for Selective Reserves (MGIB–SR) an important recruiting and retention tool. With massive troop rotations the Reserve forces can expect to have retention shortfalls, unless the government provides incentives such as a college education.

Education is not only a quality of life issue or a recruiting/retention issue it is also a readiness issue. Education a Reservist receives enhances their careers and usefulness to the military. The ever-growing complexity of weapons systems and support equipment requires a force with far higher education and aptitude than in previous years.

The problem with the current MGIB–SR is that the Selected Reserve MGIB has failed to maintain a creditable rate of benefits with those authorized in Title 38, Chapter 30. MGIB–SR has not even been increased by cost-of-living increases since 1985. In that year MGIB rates were established at 47 percent of active duty benefits. The MGIB–SR rate is 28 percent of the Chapter 30 benefits. Overall the allowance has inched up by only 7 percent since its inception, as the cost of education has climbed significantly.

The NMVA requests appropriations funding to raise the MGIB–SR and lock the rate at 50 percent of the active duty benefit. Cost: $25 million/first year, $1.4 billion over ten.

Bonuses

Guard and Reserve component members may be eligible for one of three bonuses, Prior Enlistment Bonus, Reenlistment Bonus and Reserve Affiliation Bonuses for Prior Service Personnel. These bonuses are used to keep men and woman in mission critical military occupational specialties (MOS) that are experiencing falling numbers or are difficult to fill. During their testimony before this committee the reserve chiefs addressed the positive impact that bonuses have upon retention. This point

cannot be understated. The operation tempo, financial stress and civilian competition for jobs make bonuses a necessary tool for the DOD to fill essential positions. Though the current bonus program is useful there is a change that needs to be addressed to increase effectiveness.

The National Guard has been quite successful with a referral program, where National Guard members are paid $1,000 for referring an individual to join the Guard. Another $1,000 is paid if that individual makes it into basic training. This has proved quite successful in the Army National Guard attaining its end strength of 350,000.

The NMVA supports expanding and funding the referral program to the federal Reserve Components.

Reserve/Guard Funding

We are concerned about ongoing DOD initiatives to end "two days pay for one days work," and replace it with a plan to provide 1/30 of a Month's pay model, which would include both pay and allowances. Even with allowances, pay would be less than the current system. When concerns were addressed about this proposal, a retention bonus was the suggested solution to keep pay at the current levels. Allowances differ between individuals and can be affected by commute distances and even zip codes. Certain allowances that are unlikely to be paid uniformly include geographic differences, housing variables, tuition assistance, travel, and adjustments to compensate for missing health care.

The NMVA strongly recommends that the reserve pay system "two days pay for one days work," be funded and retained, as is.

Ensure adequate funding to equip Guard and Reserve at a level that allows them to carry out their mission. Do not turn these crucial assets over to the active duty force. In the same vein we ask that the Congress ensure adequate funding that allows a Guardsman/Reservist to complete 48 drills, and 15 annual training days per member, per year. DOD has been tempted to expend some of these funds on active duty support rather than personnel readiness.

The NMVA strongly recommends that Reserve Program funding remain at sufficient levels to adequately train, equip and support the robust reserve force that has been so critical and successful during our Nation's recent major conflicts.

ARMED FORCES RETIREMENT HOMES

Following Hurricane Katrina, Navy/Marine Corps residents from AFRJ-Gulfport were evacuated from the hurricane-devastated campus and were moved to the AFRH-Washington D.C. campus. Dormitories were reopened that are in need of refurbishing.

NMVA urges this subcommittee to fund upgrades to the Washington D.C. facility, and also provide funding to rebuild the Gulfport facility.

CONCLUSION

Mr. Chairman and distinguished members of the Subcommittee the Alliance again wishes to emphasize that we are grateful for and delighted with the large steps forward that the Congress has affected the last few years. We are aware of the continuing concern all of the subcommittee's members have shown for the health and welfare of our service personnel and their families. Therefore, we hope that this subcommittee can further advance these suggestions in this committee or in other positions that the members hold. We are very grateful for the opportunity to submit these issues of crucial concern to our collective memberships. Thank you.

Senator INOUYE. Our next witness is Mr. Seth Benge, Legislative Director, Associations for America's Defense. Welcome, sir.

STATEMENT OF SETH BENGE, DIRECTOR OF LEGISLATION, RESERVE ENLISTED ASSOCIATION ON BEHALF OF THE ASSOCIATIONS FOR AMERICA'S DEFENSE

Mr. BENGE. Senator Inouye, Senator Stevens, thank you for having me here on behalf of the Associations for America's Defense, or A4AD, to share our concerns about equipment.

My name is Seth Benge, I'm a Legislative Director for the Reserve Enlisted Association. As a sergeant in the Marine Corps Reserve, I was deployed in 2007 to Iraq, currently I'm an officer candidate for the Pennsylvania Army National Guard.

A4AD looks at national defense, equipment, force structure, policy issues not normally addressed by the military support community. We would like to thank the subcommittee for their ongoing stewardship on issues of defense.

First I am going to speak about Guard and Reserve equipment. With the new Department of Defense policy on deployment cycles, it has become even more important that equipment get to the various individual Reserve units. In addition to the premode training, and the ability to respond to a domestic emergency or terrorist attack, also has been hampered by equipment shortfalls.

As always, our military will do everything to accomplish these missions, but response time is measured by equipment readiness. More money put into re-equipping the Guard and Reserve is needed, but funding through the services has not been effective, because most of it lacks the kind of oversight needed.

One source of funding—the National Guard and Reserve equipment appropriations—would solve this problem. The NGREA gives the Reserve chiefs and Congress the control needed to track equipment funds. A4AD would like to see the National Guard and Reserve equipment appropriations funded at higher rates.

In the current supplemental, it has been proposed that $1 billion be added to the NGREA. Our industrial base requires large lead-times to produce needed equipment. Using the supplemental to fund NGREA causes delays in getting equipment to the Reserve units. This year, the money needed for the Guard and Reserve equipment should go directly into the National Guard and Reserve equipment appropriations in the regular budget cycle.

Our current experiences have taught us that the Guard and Reserve are needed to engage in almost any conflict. It also taught us that we need to make some changes to the way we equip the Reserve components. Now is the time to get the process right.

Next year, two programs that directly benefit both Active, and Reserve troops in the field. The Soldier Enhancement Program, and the similar Marine Enhancement Program, provides the capability for innovative, fast and flexible equipping of servicemen and women. Through these programs, the military has made advancements to individual protection, and to our soldiers and marines lethality. Everything from weapons optics, to uniforms, to ration to body armor have been developed through this system. This year, the Soldier Enhancement Program has an unfunded requirement of $18.8 million.

Finally, the joint improvised explosive device defeat fund is a program that develops not only the equipment to defeat IEDs, but also the tactics, techniques, and procedures. This fund is essential to react to an adaptive enemy, and should be fully funded, along with covering the unfunded requirement of $152.9 million in current counter-IED devices.

Thank you, again, for this opportunity to testify before the subcommittee. Included in our written testimony is a list of unfunded equipment.

Senator INOUYE. Thank you very much, Mr. Benge.

Senator STEVENS. No, you're right, we're working on it, that's for sure.

We are working very hard on that, on the subjects you discussed.

Mr. BENGE. Yes, sir, I appreciate that. And so do our, my fellow soldiers. We all appreciate your hard work.

[The statement follows:]

PREPARED STATEMENT OF SETH ALLAN BENGE

ASSOCIATIONS FOR AMERICA'S DEFENSE

Founded in January of 2002, the Association for America's Defense is an adhoc group of Military and Veteran Associations that have concerns about National Security issues that are not normally addressed by The Military Coalition (TMC), and the National Military Veterans Alliance (NMVA). The participants are members from each. Among the issues that are addressed are equipment, end strength, force structure, and defense policy.

Participating Associations

Air Force Association
Enlisted Association National Guard of the United States
Marine Corps Reserve Association
Military Order of World Wars
National Association for Uniformed Services
Naval Enlisted Reserve Association
Navy League of the United States
Naval Reserve Association
Reserve Enlisted Association
Reserve Officers Association
The Retired Enlisted Association

INTRODUCTION

Mister Chairman and distinguished members of the Committee, the Associations for America's Defense (A4AD) are very grateful for the invitation to testify before you about our views and suggestions concerning current and future issues facing the defense appropriations.

The Association for America's Defense is an adhoc group of eleven military and veteran associations that have concerns about national security issues that are not normally addressed by either The Military Coalition, or the National Military and Veterans Alliance. Among the issues that are addressed are equipment, end strength, force structure, and defense policy.

A4AD, also, cooperatively works with other associations, who provide input while not including their association name to the membership roster.

CURRENT VERSUS FUTURE; ISSUES FACING DEFENSE

The Associations for America's Defense would like to thank this subcommittee for the on-going stewardship that it has demonstrated on issues of Defense. At a time of war, its pro-defense and non-partisan leadership continues to set the example.

Your committee faces numerous issues and decisions. You are challenged at weighing people against technology, and where to invest dollars. Multi-generations of weapons are being touted, forcing a competition for limited budgetary resources.

Members of A4AD group are concerned that hasty recommendations about U.S. Defense policy could place national security at risk. Careful study is needed to make the right choice. A4AD is pleased that Congress and this subcommittee continue oversight in these decisions.

In recent years the military has been recreated to fight a new kind of warfare. Great strides have been made in providing the right equipment to the right people at the right time and in the tactics that are employed. There is still more to be done though and it is essential to incorporate the lessons learned from the campaigns in Iraq and Afghanistan into our current and future decisions.

Rapid Fielding Initiative

When the Army first moved into Afghanistan in 2002, years of anemic funding for troop equipment sent many deploying Soldiers shopping for their own hydration systems, navigation tools, and other gear, and forced units to scrounge for optics and tripods. Then, a program called the Rapid Fielding Initiative (RFI), developed under Program Executive Office (PEO) Soldier, overhauled the Army's acquisition process to get effective equipment quickly into the hands of Soldiers in theater.

Now, with the drumbeat of the Army Force Generation (ARFORGEN) deployment rhythm gaining momentum across the operating Army, senior Army planners decided in November to align their innovative soldier-equipping program to synchronize with ARFORGEN. That directive formally moves the priority of RFI to ensure that all units preparing to deploy, Active and Reserve Component alike, receive the program's 58 items of basic gear before heading out. RFI's previous focus ex-

tended across the entire operating Army, including some forces not on a deployment roster.

It appears that the Army will complete its original RFI mission of providing enhanced Soldier capabilities to the operating Army by the end of fiscal year 2007, but Soldier equipment requirements continue beyond that. In addition equipment will continue to be upgraded, new equipment will continue to be developed and there will be a need to get this in the hands of our servicemen and women.

The spending surge of RFI has been possible only because of supplemental Global War on Terrorism (GWOT) funding. The lessons learned on how to produce and field essential equipment at an accelerated rate need to be institutionalized. The military cannot afford to loose the knowledge on how to be flexible and agile when equipping soldiers. If the goal of the Department of Defense is to make deployments predictable, then issuing the equipment and other requirements to support the model should be predictable, too.

To ensure predictable and quantifiable funding, future RFI programs should be included in the Department of Defense annual budget and the Department should study using this program across all the services.

Airlift

Air Mobility Command assets fly 36,478 hours per month and participate in major operations including earthquake and hurricane relief, Operation Enduring Freedom, Operation Iraqi Freedom, Operation Noble Eagle, and SOUTHCOM. Their contributions in moving cargo and passengers are absolutely indispensable to American warfighters in the Global War on Terrorism. Both Air Force and Naval airframes and air crew are being stressed by these lift missions.

As the U.S. military continues to become more expeditionary, it will require more airlift. DOD should complete the planned buy of 180 C–17s, and add an additional 60 aircraft at a rate of 15 aircraft per year to account to ensure an adequate airlift force for the future and allow for attrition—C–17s are being worn out at a higher rate than anticipated in the Global War on Terrorism.

DOD should also continue with a joint multi-year procurement of C–130Js and press ahead with a C–5 Reliability Enhancement and Re-engining Program test to see where airlift funds may be best allocated.

The Navy and Marine Corps need C–40A replacements for the C–9B aircraft. The Navy requires Navy Unique Fleet Essential Airlift. The maximum range for the C–40A is approximately 1,500 miles more than the C–9 with a greater airlift capacity. The C–40A, a derivative of the 737–700C is a Federal Aviation Administration (FAA) certified, while the aging C–9 fleet is not compliant with either future global navigation requirements or noise abatement standards that restrict flights into European airfields. Twenty-two aircraft remain to be replaced.

Tankers

In need for air refueling is reconfirmed on a daily basis in worldwide DOD operations. A significant number of tankers are old and plagued with structural problems. The Air Force would like to retire as many as 131 of the Eisenhower-era KC–135E tankers by the end of the decade.

DOD and Congress must work together to replacement of these aircraft. A replacement could come in the form of a hybrid tanker/airlifter aircraft, which when produced could "swing" from one mission to the other as required. Congress should also look at re-engining a portion of the KC–135 fleet as a short-term fix until newer platforms come online.

Procurement F–22, F–35, MV–22A, C–40A and a replacement for the KC–135 needs to be accelerated and modernized, and mobility requirements need to be reported upon.

Navy Fleet Size

The current number of ships in the fleet has dropped to 278 ships. The Chief of Naval Operations, Admiral Mike Mullen, has set the target for the new fleet at 313 ships.

The Administration procurement rate has been too low. In order to raise the number of ships the Navy will need more money to build ships. In addition, industrial capacity needs to become a major focus. The rate at which ships are built needs to be re-examined so that we keep industrial lines open, saving the nation money in the long run. This should result in stable funding of the current Annual Long-Range SCN Plan.

A4AD favors a fleet no smaller than 313 ships because of an added flexibility to respond to emerging threats. Congress should explore options to current construction methods of ship design, configuration, and shipbuilding that have created billion dollar destroyers.

OTHER ISSUES

Increasing End Strength

Op tempo and deployment rotation will begin to wear. The official position of rotation of 1 year deployed for three years duty for active duty and 1 year in six for the Guard and Reserve are targets, but not yet reality. Both the Administration and Congress have now called for an increase in Army and Marine Corps end strength. These increases will have many peripheral effects. These new recruits will need to be trained and equipped. The Air Force and Navy will be responsible for moving and supplying these troops. Any unfunded end-strength increases would put readiness at risk.

The A4AD supports funding increases in support of the end strength boosts of the Active Duty Component of the Army and Marine Corps that have been recommended by Congress and the Administration.

Now is not the time to be cutting the Guard and Reserve. Incentives should be utilized to attract prior service members into a growing reserve. Additionally, a moratorium on reductions to End Strength of the Guard and Reserve should be put into place until Commission on the Guard and Reserve can report back to Congress with recommendations.

The A4AD would like to also put a freeze on reductions to the Guard and Reserve manning level.

Regeneration/Resetting of Equipment

A4AD would like to thank this committee for the regeneration money that was included in the Supplemental.

Aging equipment, high usage rates, austere conditions in Iraq, and combat losses are affecting future readiness. Equipment is being used at 5 to 10 times the programmed rate.

Additionally, to provide the best protection possible for Soldiers and Marines in the combat theater, many units have left their equipment behind for follow-on units, and are returning with no equipment. Without equipment on which to train after de-mobilization, readiness will become an issue.

The Army, Army Reserve, Army National Guard, Marines and Marine Forces Reserve need continued funding by Congress for equipment replacement.

Counter-measures to Improvised Explosive Devices (IED)

A4AD would like to commend the committee for supporting enhanced countermeasures for air and ground troops now deployed. For ground troops, the biggest threat to safety continues to be the IED. The previous effectiveness of these attacks would suggest that future enemies of the United States will incorporate these tactics into their doctrine. Defeating these attacks requires a comprehensive approach. The military needs to have a formulation that includes human intelligence, armor and electronic countermeasures.

The focus recently has been on the MRAP vehicle and its improved survivability, A4AD supports purchasing MRAPs. We also encourage the Committee to look at continuing funds for the purpose of researching, purchasing and deploying more electronic countermeasures. In this way we can provide more comprehensive protection for our troops on the battlefield.

On May 1, the U.S. Army Times newspaper reported that "Iraqi insurgents are launching four times as many attacks with improvised explosive devices than in 2003". However, due to countermeasures, "only one in five IED attacks kills or injures U.S. troops", Pentagon spokesperson Christine Devries said. While she did not provide casualty figures, Davies said that one in nine U.S. soldiers injured by an IED attack dies. The work in creating IED-Counter measures has been effective but is not yet complete.

Continued emphasis is needed for the procurement of sufficient quantities of electronic countermeasures to protect personnel deployed in the battle space.

Aircraft Survivability Equipment

Air crews face non-traditional threats used by non-conventional forces and deserve the best available warning and countermeasure equipment available to provide the greatest degree of safety possible. The majority of funds have been expended on fixed aircraft protection; approximately 75 percent of U.S. air losses have been rotary wing.

A4AD hopes that the Committee will continue to support the purchase and deployment of warning and countermeasures systems with an emphasis on rotary wing aircraft across all of the services and insure that the latest and most advanced versions of these protections are made available to all units now deployed or slated for deployment in the future—be they active duty, Guard or Reserve.

Maintaining the National Guard and Reserve Equipment Appropriations

One of the most important issues with regards to Guard and Reserve Equipment is tracking the appropriated money from Congress to the Reserve Components. This theme has been highlighted on several occasions from sources in the Assistant Secretary of Defense for Reserve Affairs office to LTG Steve Blum, Director National Guard Bureau. It is important to note that the Reserve Chiefs, overwhelmingly, indicate that Reserve specific equipment is needed more now, than ever. Along with this the services need to maintain unit cohesion, which means reserve specific equipment for reserve specific units. From A4AD's perspective, integration and cross-leveling is decreasing the readiness and training for Reserve personnel. Therefore, we have to maintain reserve specific equipment and reserve units if we are going to continue to be ready for the operational reserve force now and well into the future. The best method to ensuring that this happens is to fund the Guard and Reserve through the National Guard and Reserve Equipment Appropriations (NGREA).

The NGREA reached a high of $2.5 billion in fiscal year 1991 then dropped over the next decade. Recently Congress has been inclined to add more money to the NGREA, $1.2 billion in fiscal year 2006, this trend should continue. The money given to the Reserve Components in this manner allows the Reserve Chiefs the maximum amount of flexibility and Congress more oversight. The National Guard and Reserve Equipment Appropriations (NGREA) is vital to guaranteeing that the Guard and Reserve has funding to procure essential equipment that has not been funded by the services.

A4AD asks this committee to continue to provide appropriations for unfunded National Guard and Reserve Equipment Requirements. To appropriate funds to Guard and Reserve equipment would help emphasize that the Active Duty is exploring dead-ends by suggesting the transfer of Reserve equipment away from the Reservists.

UNFUNDED EQUIPMENT REQUIREMENTS

[The services are not listed in priority order.]

	Amount
Air Force:	
Aircraft Recapitalization and Modernization	$2,602
Combat Search and Rescue (CSAR) Capability Enhancement	24
Common Vertical Lift Support Platform (CVLSP)	250
Force Protection Equipment	4.2
Miniature Air Launched Decoy & Jammer (MALD–J)	14
Air Force Reserve:	
C–5A Airlift Defense system (ADS)	17.3
C–130H LAIRCM (Large Aircraft I/R Counter Measures)	56.6
C–17 LAIRCM	41.8
C–130J LAIRCM	22
C–5 Structures	22
Air Guard:	
A–10/F–15/F–16 Block 42 reengining	1,400
F–15 Active Electronically Scanned Array radar	400
A–10/F–15/F–16 Helmet Mounted Cueing Systems	223
C–130/C–5/C–17/KC–135 LAIRCM/IRCM Testers	919
New C–38s	200
Army:	
MRAP (GSTAMIDS)	2,249
Stryker	775.1
Counter-IED Systems	152.9
Javalin	184.2
Ammo Production Base	190.5
Army Reserve (Total Unfunded Modernization Vehicle Requirements $1.826 billion):	
Light-medium trucks (LMTV) 2.5 Ton Truck	425
Medium Tactical Vehicle (MTV) 5.0 Ton Truck	761
Truck Cargo PLS 10x10 M1075	106
High Mobility Multi-Purpose Wheeled Vehicle (HMMWV)	304
High Mobility Multi-Purpose Wheeled Vehicle, up-armored	133
Army Guard:	
High Mobility Multi-Purpose Wheeled Vehicle (HMHWV)	1,610.6
Family of Medium Tactical Vehicles (FMTV)	5,198.1

UNFUNDED EQUIPMENT REQUIREMENTS—Continued

[The services are not listed in priority order.]

	Amount
High Terrain Vehicles (HEMTT/LHS/PLS)	1,201.2
Night Vision (AN/PAS–13, AN/VAS–5)	1,912.4
Communication Systems (JNN, SINCGARS, HF)	1,997.2
Marine Corps:	
MRAP	2,800
Electronic Attack (EA) UAV	10
Anti-Sniper Infrared Targeting System (ASITS)	9.8
Tactical Remote Sensor System (TRSS)	3.4
Marine Corps Reserve:	
Obtain latest generation of Individual Combat and Protective Equipment including:	
M4 rifles	
Rifle Combat Optic (RCO) scopes	
Helmet pad systems	
Small Arms Protective Insert (SAPI) plates	
Night Vision Goggles	
Priorities to reset and modernize USMCR forces:	
Procure principal end-items necessary to reestablish Training Allowance to conduct home training	
Equip two new Light Armor Reconnaissance Companies	
Procure satellite/long-haul communication equipment shortfalls	
Update legacy aircraft	
Simulation Training Devises	
Navy:	
LPD–17	1,700
T–AKE	1,200
Joint IED Defeat (JIEDDO) Sustainment	9
F/A–18E/F/G	720
Critical ASW Enhancements	96
Navy Reserve:	
C–40 A Combo cargo/passenger Airlift (4)	330
Civil Engineering Support Equipment, Tactical Vehicles, Communications Equipment and other Table of Allowance items supporting	38
Naval Coastal Warfare (NCW) Units	
Explosive Ordnance Disposal (EOD) Units	
Naval Construction Forces (NCF)	
Navy Equipment Logistics Support Groups (ELSG)	
C–130, C–9, and C–40A upgrades and spare equipment	69.7

CONCLUSION

A4AD is a working group of military and veteran associations looking beyond personnel issues to the broader issues of National Defense.

Cuts in manpower and force structure, simultaneously in the Active and Reserve Component are concerns in that it can have a detrimental effect on surge and operational capability.

This testimony is an overview, and expanded data on information within this document can be provided upon request.

Thank you for your ongoing support of the Nation, the Armed Services, and the fine young men and women who defend our country. Please contact us with any questions.

Senator INOUYE. Our next witness is Dr. William Strickland, representing the American Psychological Association.

Dr. Strickland.

STATEMENT OF DR. WILLIAM J. STRICKLAND, Ph.D., VICE PRESIDENT, HUMAN RESOURCES RESEARCH ORGANIZATION, ON BEHALF OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

Dr. STRICKLAND. Good morning, Mr. Chairman, Senator Stevens. I'm Bill Strickland, Vice President of the Human Resources Research Organization. I'm testifying today on behalf of the American

Psychological Association, or APA, a scientific and professional organization of more than 145,000 psychologists and affiliates.

For decades, psychologists have played vital roles within the Department of Defense, as providers of clinical services to military personnel and their families, and as scientific researchers, investigating issues ranging from airplane cockpit design, to human intelligence gathering.

Psychologists today bring critical expertise to meeting the needs of our military and its personnel. In our written testimony, you will find APA's request to restore and increase funding for important training programs that impact deployed, and returning military personnel and their families.

This morning, I will focus on APA's request that Congress reverse administration cuts to the DOD science and technology budget, and maintain support for important behavioral science research within DOD.

The President's budget request for 2008 continues a familiar process. The administration slashes defense research programs, and it's left to the Congress to restore an investment in military mission-related research.

As you've already heard, and know, the administration's fiscal year 2008 request includes deep cuts to the Defense S&T account, which would fall to $10.9 billion, a cut of over 20 percent from the enacted fiscal year 2007 level. APA requests a total of $13.8 billion for S&T in fiscal year 2008, to return S&T funding just to its 2006 level.

Behavioral research identified by the Defense Science Board (DSB) as critical will be cut unless funds are restricted to the overall S&T account. In its 2007 report on 21st century strategic technology vectors, the DSB identified a set of four operational capabilities, and the enabling technologies needed to accomplish future military missions. Of the four capabilities identified by the DSB for priority funding from DOD, the first was "mapping the human terrain."

The DSB called for a significant reinvestment in social and behavioral research within DOD. In particular, the DSB called for increased DOD research in cognition and decision making, individual and team performance, behavioral, social and cultural modeling, and human system collaboration. These are areas that DOD cannot afford to ignore.

Behavioral research traditionally has been supported by the Army Research Institute, the Office of Naval Research and the Air Force Research Laboratory. These military labs need sustained, basic, and applied research funding in 2008 to expand their reach further into effectively mapping the human terrain.

Finally, APA is concerned with the potential loss of human-centered research programs within DOD's Counter-Intelligence Field Activity (CIFA). Within CIFA, the behavioral sciences directorate provides a home for research on counterintelligence issues ranging from models of insider threat, to cyber-security and detection of deception. CIFA psychologists consult with the military services to translate findings from behavioral research directly into enhanced, counterintelligence operations on the ground.

APA urges the subcommittee to provide ongoing funding in 2008 for CIFA's behavioral science directorate, and its research programs that provide direct support for military counterintelligence, and counterterrorism operations.

On behalf of APA, I urge the subcommittee to support the men and women on the future front lines, by reversing yet another round of detrimental cuts to the Defense S&T account, and its human-oriented research projects.

Thank you very much.

Senator INOUYE. Thank you very much, Doctor. As you well know, this subcommittee was the first to recognize the validity and importance of psychologists.

Dr. STRICKLAND. Yes, sir, we appreciate that.

Senator INOUYE. And we listen to your words.

Dr. STRICKLAND. Thank you very much.

Senator INOUYE. Thank you, sir.

[The statement follows:]

PREPARED STATEMENT OF WILLIAM J. STRICKLAND, PH.D.

Mr. Chairman and Members of the Subcommittee, I'm Dr. Bill Strickland, former Director of Human Resources Research for the Air Force and current Vice President of the Human Resources Research Organization. I am submitting testimony on behalf of the American Psychological Association (APA), a scientific and professional organization of more than 145,000 psychologists and affiliates.

For decades, psychologists have played vital roles within the Department of Defense (DOD), as providers of clinical services to military personnel and their families, and as scientific researchers investigating mission-targeted issues ranging from airplane cockpit design to human intelligence-gathering. More than ever before, psychologists today bring unique and critical expertise to meeting the needs of our military and its personnel. APA's testimony will focus on: (1) increasing funding for the Center for Deployment Psychology (CDP); (2) reversing Administration cuts to the overall DOD Science and Technology (S&T) budget; and (3) maintaining support for important behavioral sciences research within DOD.

Need for Mental and Behavioral Health Services in DOD

Thousands of military personnel, including those returning from ongoing conflicts overseas, are struggling with mental health issues such as Post-Traumatic Stress Disorder (PTSD), depression and substance abuse. In a recent study released by Walter Reed Army Institute of Research (2006), one out of six soldiers and Marines who returned from Iraq screened positive for mental illnesses, a prevalence nearly twice that observed among soldiers surveyed before deployment. Returning Reservists and National Guardsmen may be even more likely than their military colleagues to have difficulty accessing established mental health services for geographic reasons. APA is concerned that these service members' (and their families') mental health needs may go unmet, or that they will seek care through civilian providers with limited or no experience in treating these populations.

Center for Deployment Psychology

Because of this concern, the Center for Deployment Psychology (CDP) was established in fiscal year 2006 as a new tri-service training consortium designed to better prepare psychologists to meet the mental and behavioral health needs of service members returning from combat and operational environments and their families. The Tri-Service CDP, housed at the Uniformed Services University of the Health Sciences, is the coordinating center for a network of military psychology internship training sites at ten regional DOD health facilities nationwide. CDP programs currently are open to both military and civilian psychologists, and eventually other health professionals will be included as well.

Through a variety of training formats, ranging from a four-day Continuing Education program to a nearly three-week intensive training course, the CDP program trains military and civilian psychologists to better evaluate and treat combat-injured and combat-experienced service personnel.

Initial funding for CDP in fiscal year 2006 was $3.4 million, which was cut to $2.9 million in fiscal year 2007. In fiscal year 2008, APA requests $6 million to restore

funding for the CDP program and expand its services. This vital expansion includes funds to: (1) continue the program of training activities currently supported by the CDP; (2) create mobile training teams to expand training for military and civilian psychologists, including Department of Veterans Affairs psychologists and other health providers; (3) initiate the use of teleconferences, online learning and web casts and increase web access for disseminating information much more widely to military personnel and their families; and (4) support research activities to expand our knowledge of the psychological and emotional impact of deployment and evaluate the impact of CDP programs.

DOD Research

Just as a large number of psychologists provide high-quality clinical services to our military service members stateside and abroad, psychological scientists within DOD conduct cutting-edge, mission-specific research critical to national defense.

In terms of the overall DOD S&T budget, the President's request for fiscal year 2008 was the first step in a process that unfortunately has become very familiar over the last decade: the Administration slashes defense research programs and it is left to the Congress to restore funding and appropriately grow the investment in military mission research. In its fiscal year 2008 budget request, the Administration included large increases for weapons development but correspondingly deep cuts in the defense S&T account, which would fall to $10.9 billion, a 20.1 percent or $2.7 billion decrease from the enacted fiscal year 2007 level. DOD basic research funding would see an 8.7 percent cut, bringing it down to $1.4 billion in the President's request, and applied research support would be cut by 18 percent, for a total of $4.4 billion in fiscal year 2008. DARPA's budget would be decreased by 1 percent to $3.1 billion.

The President's budget request for basic and applied research at DOD in fiscal year 2008 is $10.9 billion, a drastic 20.1 percent or $2.7 billion cut from the enacted fiscal year 2007 level. APA joins the Coalition for National Security Research (CNSR), a group of over 40 scientific associations and universities, in urging the Subcommittee to reverse this cut. APA requests a total of $13.8 billion for Defense S&T in fiscal year 2008, to return S&T funding to its fiscal year 2006 level. DOD behavioral research identified by the Defense Science Board as critical will be cut without restoring funds to the overall S&T account.

Behavioral Research within the Military Service Labs and DOD

Within DOD, the majority of behavioral, cognitive and social science is funded through the Army Research Institute (ARI) and Army Research Laboratory (ARL); the Office of Naval Research (ONR); and the Air Force Research Laboratory (AFRL), with additional, smaller human systems research programs funded through the Office of the Secretary of Defense, the Defense Advanced Research Projects Agency (DARPA), and DOD's Counterintelligence Field Activity (CIFA).

The military service laboratories provide a stable, mission-oriented focus for science, conducting and sponsoring basic (6.1), applied/exploratory development (6.2) and advanced development (6.3) research. These three levels of research are roughly parallel to the military's need to win a current war (through products in advanced development) while concurrently preparing for the next war (with technology "in the works") and the war after next (by taking advantage of ideas emerging from basic research). All of the services fund human-related research in the broad categories of personnel, training and leader development; warfighter protection, sustainment and physical performance; and system interfaces and cognitive processing.

Behavioral and cognitive research programs eliminated from the mission labs due to cuts or flat funding are extremely unlikely to be picked up by industry, which focuses on short-term, profit-driven product development. Once the expertise is gone, there is absolutely no way to "catch up" when defense mission needs for critical human-oriented research develop. As DOD noted in its own Report to the Senate Appropriations Committee:

"Military knowledge needs are not sufficiently like the needs of the private sector that retooling behavioral, cognitive and social science research carried out for other purposes can be expected to substitute for service-supported research, development, testing, and evaluation . . . our choice, therefore, is between paying for it ourselves and not having it."

Defense Science Board Calls for Priority Research in Social and Behavioral Sciences

This emphasis on the importance of social and behavioral research within DOD is echoed by the Defense Science Board (DSB), an independent group of scientists and defense industry leaders whose charge is to advise the Secretary of Defense and the Chairman of the Joint Chiefs of Staff on scientific, technical, manufacturing, ac-

quisition process, and other matters of special interest to the Department of Defense.

In its recently-released 2007 report on "21st Century Strategic Technology Vectors," the DSB identified a set of four operational capabilities and the "enabling technologies" needed to accomplish major future military missions (analogous to winning the Cold War in previous decades). In identifying these capabilities, DSB specifically noted that "the report defined technology broadly, to include tools enabled by the social sciences as well as the physical and life sciences." Of the four priority capabilities and corresponding areas of research identified by the DSB for priority funding from DOD, the first was defined as "mapping the human terrain."

The following quote from this report highlights the need for significant investment in social and behavioral science research within DOD to address this critical need for increased knowledge about the human elements of the battlespace:

"Unlike during the Cold War when the United States focused on one major, relatively slow-changing but individually formidable adversary, in the current era and the foreseeable future, U.S. military forces will be called upon to perform a wide range of missions. These include major combat, counter-insurgency, stability and reconstruction, countering weapons of mass destruction, homeland defense, and disaster relief. These varied missions present different challenges calling for highly adaptive military forces. One common feature of these missions is the increased responsibility placed on junior leaders and the small teams they lead . . .

"Perhaps most central is to gain deeper understanding of how individuals, groups, societies and nations behave and then use this information to (1) improve the performance of U.S. forces through continuous education and training and (2) shape behavior of others in pre-, intra- and post-conflict situations. Key enablers include immersive gaming environments, automated language processing and human, social, cultural and behavior modeling." DSB calls this "mapping the human terrain," "human terrain preparation," and says it's one of four "critical capabilities and enabling technologies identified . . . [as] a coherent starting point for a science and technology strategy that will address 21st century security challenges."

In particular, DSB calls for increased DOD research in cognition and decision-making, individual and team performance, behavioral/social/cultural modeling, and human/system collaboration, saying: "It is an area that DOD cannot afford to ignore. DOD needs to become more familiar with the theories, methods and models from psychology." These areas of behavioral research traditionally have been supported by the military research laboratories, which need more funding in fiscal year 2008 to expand their reach even further into "the human terrain."

Army Research Institute for the Behavioral and Social Sciences (ARI) and Army Research Laboratory (ARL)

ARI works to build the ultimate smart weapon: the American soldier. ARI was established to conduct personnel and behavioral research on such topics as minority and general recruitment; personnel testing and evaluation; training and retraining; and attrition. ARI is the focal point and principal source of expertise for all the military services in leadership research, an area especially critical to the success of the military as future war-fighting and peace-keeping missions demand more rapid adaptation to changing conditions, more skill diversity in units, increased information-processing from multiple sources, and increased interaction with semi-autonomous systems. Behavioral scientists within ARI are working to help the armed forces better identify, nurture and train leaders.

Another line of research at ARI focuses on optimizing cognitive readiness under combat conditions, by developing methods to predict and mitigate the effects of stressors (such as information load and uncertainty, workload, social isolation, fatigue, and danger) on performance. As the Army moves towards its goal of becoming the Objective Force (or the Army of the future: lighter, faster and more mobile), psychological researchers will play a vital role in helping maximize soldier performance through an understanding of cognitive, perceptual and social factors.

ARL's Human Research & Engineering Directorate sponsors basic and applied research in the area of human factors, with the goal of optimizing soldiers' interactions with Army systems. Specific behavioral research projects focus on the development of intelligent decision aids, control/display/workstation design, simulation and human modeling, and human control of automated systems.

Office of Naval Research (ONR)

The Cognitive and Neural Sciences Division (CNS) of ONR supports research to increase the understanding of complex cognitive skills in humans; aid in the development and improvement of machine vision; improve human factors engineering in

new technologies; and advance the design of robotics systems. An example of CNS-supported research is the division's long-term investment in artificial intelligence research. This research has led to many useful products, including software that enables the use of "embedded training." Many of the Navy's operational tasks, such as recognizing and responding to threats, require complex interactions with sophisticated, computer-based systems. Embedded training allows shipboard personnel to develop and refine critical skills by practicing simulated exercises on their own workstations. Once developed, embedded training software can be loaded onto specified computer systems and delivered wherever and however it is needed.

Air Force Research Laboratory (AFRL)

Within AFRL, Air Force Office of Scientific Research (AFOSR) behavioral scientists are responsible for basic research on manpower, personnel, training and crew technology. The AFRL Human Effectiveness Directorate is responsible for more applied research relevant to an enormous number of acknowledged Air Force mission needs ranging from weapons design, to improvements in simulator technology, to improving crew survivability in combat, to faster, more powerful and less expensive training regimens.

As a result of previous cuts to the Air Force behavioral research budget, the world's premier organization devoted to personnel selection and classification (formerly housed at Brooks Air Force Base) no longer exists. This has a direct, negative impact on the Air Force's and other services' ability to efficiently identify and assign personnel (especially pilots). Similarly, reductions in support for applied research in human factors have resulted in an inability to fully enhance human factors modeling capabilities, which are essential for determining human-system requirements early in system concept development, when the most impact can be made in terms of manpower and cost savings. For example, although engineers know how to build cockpit display systems and night goggles so that they are structurally sound, psychologists know how to design them so that people can use them safely and effectively.

Maintaining Behavioral Research During CIFA Reorganization

APA also is concerned with the potential loss of invaluable human-centered research programs within DOD's Counterintelligence Field Activity (CIFA) due to a current reorganization of CIFA's structure and personnel strength. Within CIFA, the Behavioral Sciences Directorate provides a home for research on counterintelligence issues ranging from models of "insider threat" to cybersecurity and detection of deception. The psychologists also consult with the three military services to translate findings from behavioral research directly into enhanced counterintelligence operations on the ground.

APA urges the Subcommittee to provide ongoing funding in fiscal year 2008 for CIFA's Behavioral Sciences Directorate and its research programs in light of their direct support for military intelligence operations.

Summary

On behalf of APA, I would like to express my appreciation for this opportunity to present testimony before the Subcommittee. Clearly, psychological scientists address a broad range of important issues and problems vital to our national security, with expertise in modeling behavior of individuals and groups, understanding and optimizing cognitive functioning, perceptual awareness, complex decision-making, stress resilience, recruitment and retention, and human-systems interactions. We urge you to support the men and women on the front lines by reversing another round of dramatic, detrimental cuts to the overall defense S&T account and the human-oriented research projects within the military laboratories and CIFA. We also urge you to support military personnel and their families even more directly by restoring and increasing funds for the Center for Deployment Psychology.

As our nation rises to meet the challenges of current engagements in Iraq and Afghanistan as well as other asymmetric threats and increased demand for homeland defense and infrastructure protection, enhanced battlespace awareness and warfighter protection are absolutely critical. Our ability to both foresee and immediately adapt to changing security environments will only become more vital over the next several decades. Accordingly, DOD must support basic Science and Technology (S&T) research on both the near-term readiness and modernization needs of the department and on the long-term future needs of the warfighter.

As noted by the DSB in its report on defense research priorities, the "focus is technology. But the human dimensions still dominate, especially in the irregular challenges facing the nation today."

Below is suggested appropriations report language for fiscal year 2008 which would encourage the Department of Defense to fully fund its behavioral research programs within the military laboratories:

DEPARTMENT OF DEFENSE

RESEARCH, DEVELOPMENT, TEST AND EVALUATION

Behavioral Research in the Military Service Laboratories.—The Committee notes the increased demands on our military personnel, including high operational tempo, leadership and training challenges, new and ever-changing stresses on decision-making and cognitive readiness, and complex human-technology interactions. To help address these issues vital to our national security, the Committee has provided increased funding to reverse cuts to basic and applied psychological research through the military research laboratories: the Air Force Office of Scientific Research and Air Force Research Laboratory; the Army Research Institute and Army Research Laboratory; and the Office of Naval Research.

Senator INOUYE. Our next witness is Ms. Fran Visco, President of the National Breast Cancer Coalition.

STATEMENT OF FRAN VISCO, J.D., PRESIDENT, NATIONAL BREAST CANCER COALITION

Ms. VISCO. Good morning, Mr. Chairman, Senator Stevens.

As you know, I'm a 19-year breast cancer survivor, a wife and mother, and President of the National Breast Cancer Coalition, which is a coalition of more than 600 organizations from across the country, and tens of thousands of individuals. And, on behalf of our membership, I want to thank you for your continuing support of the DOD peer-reviewed breast cancer research program. You have both been leaders in maintaining the integrity of this program, and making it the success it is today.

However, we still do not have the answers we need for breast cancer. We have made progress, but we do not have answers. And nothing shows us that more than the fact that last week, the Vice President of the Board of the National Breast Cancer Coalition was diagnosed with metastatic breast cancer after 16 years from her initial diagnosis. We do not know how to cure this disease, and we certainly don't know how to prevent it.

Karen Loss, a woman who sits on the panel that oversees the DOD Program, and also a volunteer for our organization, and a retired military woman, living with metastatic disease, and becoming more ill as the days go by.

This program is where the answers lie. Women and their families across the country believe that. This is where our hope is. This program has been astounding. The collaboration that has resulted among the military, the scientific community and the patient advocacy community across the country is unprecedented. I have been told over and over again by members of the military that the model that this program sets has been copied by the military in other areas. This model that the DOD Breast Cancer Program has set has also been copied by other States, and by other countries.

The program has been objectively evaluated twice by the National Academy of Sciences and both times they have lauded the program, not just for its successes, but for the way it operates. This program is transparent—everything that is funded with taxpayer dollars is open to the country—you can go onto the website and see every proposal that has been funded. And every 2 years, the pro-

gram reports to the public where their tax dollars have gone, and what the progress is in the research that we funded.

This program is efficient—90 percent of the funds go to research. The administrative costs are not quite 10 percent. It fills gaps in traditional research mechanisms, this is the program that can respond very quickly to what's happening in the scientific world—looking at areas of nanotechnology, looking at not just how to treat metastatic breast cancer, but also what causes metastatic breast cancer. Looking at possible vaccines to prevent and treat breast cancer—how do we prevent breast cancer without drugs? Looking at issues of health disparities.

This program must continue, and we truly appreciate your leadership in making that happen over the past years. Again, this is where our hope is, and we look forward to continuing to work with you, to make certain the program maintains its integrity, efficiency and success.

I thank you very much.

Senator INOUYE. I thank you very much, Ms. Visco. I'm certain very few people are aware that the father of the Breast Cancer Research Program in the Department of Defense is Senator Stevens.

Ms. VISCO. We are certainly aware of that.

Senator INOUYE. It really had to be in some other subcommittee, but we decided we have the money, so we'll fund you.

Ms. VISCO. Yes, we really, we truly appreciate it, and it has made such a difference, not just in breast cancer, but in other diseases as well.

Senator INOUYE. And I lost my wife of 57 years about 1 year ago and, of cancer, so I take it personally now.

Ms. VISCO. I'm very sorry. Thank you.

Senator INOUYE. So you're a—got support here.

Senator STEVENS. And, I'm an 18-year survivor of prostate cancer, so far, but I should tell you, you know, that the difficulty is, these are earmarks. Every time you hear someone talking against congressional earmarks, ask them if they know about breast cancer.

Ms. VISCO. Yes, we have that conversation over and over again——

Senator STEVENS. Thank you.

Ms. VISCO. And this, as you know, is an incredibly well-run, efficient, competitive program. So, we appreciate your support of that. Thank you.

Senator INOUYE. Thank you.

[The statement follows:]

PREPARED STATEMENT OF FRAN VISCO, J.D.

Thank you, Mr. Chairman and members of the Appropriations Subcommittee on Defense, for the opportunity to talk to you about a program that has made a significant difference in the lives of women and their families. You have shown great determination and leadership in funding the Department of Defense (DOD) Peer-Reviewed Breast Cancer Research Program (BCRP) at a level that has brought us closer to eradicating this disease. Chairman Inouye and Ranking Member Stevens, we have appreciated your personal support of this program in the past. I am hopeful that you and your Committee will continue that determination and leadership.

I am Fran Visco, a breast cancer survivor, a wife and mother, a lawyer, and President of the National Breast Cancer Coalition (NBCC). On behalf of NBCC, and the

more than 3 million women living with breast cancer, I would like to thank you again for the opportunity to testify.

I know you recognize the importance of this program to women and their families across the country, to the scientific and health care communities and to the Department of Defense. Much of the progress in the fight against breast cancer has been made possible by the Appropriations Committee's investment in breast cancer research through the DOD BCRP. This program has launched new models of biomedical research that have benefited other agencies and both public and private institutions. It has changed for the better the way research is performed and has been replicated by programs focused on other diseases, by other countries and states. To support this unprecedented progress moving forward, we ask that you support a separate $150 million appropriation for fiscal year 2008. In order to continue the success of the program, you must ensure that it maintain its integrity and separate identity, in addition to the requested level of funding. This is important not just for breast cancer, but for all biomedical research that has benefited from this incredible government program. In addition, as Institute of Medicine (IOM) reports concluded in 1997 and 2004, there continues to be excellent science that would go unfunded without this program. It is only through a separate appropriation that this program is able to continue to focus on breast cancer yet impact all other research, rapidly respond to changes and new discoveries in the field and fill the gaps created by traditional funding mechanisms.

Despite the enormous successes and advancements in breast cancer research made through funding from the DOD BCRP, we still do not know what causes breast cancer, how to prevent it, or how to cure it. It is critical that innovative research through this unique program continues so that we can move forward toward eradicating this disease.

As you know, the National Breast Cancer Coalition is a grassroots advocacy organization made up of hundreds of organizations and tens of thousands of individuals and has been working since 1991 toward the eradication of breast cancer through advocacy and action. NBCC supports increased funding for breast cancer research, increased access to quality health care for all, and increased influence of breast cancer activists at every table where decisions regarding breast cancer are made.

OVERVIEW OF THE DOD BREAST CANCER RESEARCH PROGRAM

The DOD Peer-Reviewed Breast Cancer Research Program has established itself as a model medical research program, respected throughout the cancer and broader medical community for its innovative and accountable approach. The groundbreaking research performed through the program has the potential to benefit not just breast cancer, but all cancers, as well as other diseases. Biomedical research is being transformed by the BCRP's success.

This program is both innovative and incredibly streamlined. It continues to be overseen by a group of distinguished scientists and activists, as recommended by the IOM. Because there is little bureaucracy, the program is able to respond quickly to what is currently happening in the scientific community. Because of its specific focus on breast cancer, it is able to rapidly support innovative proposals that reflect the most recent discoveries in the field. It is responsive, not just to the scientific community, but also to the public.

Since its inception, this program has matured into a broad-reaching influential voice forging new and innovative directions for breast cancer research and science. The flexibility of the program has allowed the Army to administer this groundbreaking research effort with unparalleled efficiency and effectiveness.

In addition, an integral part of this program has been the inclusion of consumer advocates at every level. As a result, the program has created an unprecedented working relationship between the public, scientists and the military, and ultimately has led to new avenues of research in breast cancer. Since 1992, over 977 breast cancer survivors have served on the BCRP review panels. Their vital role in the success of the BCRP has led to consumer inclusion in other biomedical research programs at DOD. This program now serves as an international model.

It is important to note that the DOD Integration Panel that designs this program has a strategic plan for how best to spend the funds appropriated. This plan is based on the state of the science—both what scientists know now and the gaps in our knowledge—as well as the needs of the public. This plan ensures that we do not want to restrict scientific freedom, creativity or innovation. While we carefully allocate these resources, we do not want to predetermine the specific research areas to be addressed.

UNIQUE FUNDING OPPORTUNITIES

Developments in the past few years have begun to offer breast cancer researchers fascinating insights into the biology of breast cancer and have brought into sharp focus the areas of research that hold promise and will build on the knowledge and investment we have made. The Innovative Developmental and Exploratory Awards (IDEA) grants of the DOD program have been critical in the effort to respond to new discoveries and to encourage and support innovative, risk-taking research. The Concept Awards bring funding even earlier in the process of discovery. These grants have been instrumental in the development of promising breast cancer research. These grants have allowed scientists to explore beyond the realm of traditional research and have unleashed incredible new ideas and concepts. IDEA and Concept grants are uniquely designed to dramatically advance our knowledge in areas that offer the greatest potential. IDEA and Concept grants are precisely the type of grants that rarely receive funding through more traditional programs such as the National Institutes of Health and private research programs. Therefore, they complement, and do not duplicate, other federal funding programs. This is true of other DOD award mechanisms as well.

The Innovator awards are structured to invest in world renowned, outstanding individuals, rather than projects, from any field of study by providing funding and freedom to pursue highly creative, potentially breakthrough research that could ultimately accelerate the eradication of breast cancer. The Era of Hope Scholar Award is intended to support the formation of the next generation of leaders in breast cancer research, by identifying the best and brightest independent scientists early in their careers and giving them the necessary resources to pursue a highly innovative vision toward ending breast cancer.

These are just a few examples of innovative approaches at the DOD BCRP that are filling gaps in breast cancer research. Scientists have lauded the program and the importance of the various award mechanisms. In 2005, Zelton Dave Sharp wrote about the importance of the Concept award mechanism.

"Our Concept grant has enabled us to obtain necessary data to recently apply for a larger grant to support this project. We could have never gotten to this stage without the Concept award. Our eventual goal is to use the technology we are developing to identify new compounds that will be effective in preventing and/or treating breast cancer . . . Equally important, however, the DOD BCRP does an outstanding job of supporting graduate student trainees in breast cancer research, through training grants and pre-doctoral fellowships . . . The young people supported by these awards are the lifeblood of science, and since they are starting their training on projects relevant to breast cancer, there is a high probability they will devote their entire careers to finding a cure. These young scientists are by far the most important 'products' that the DOD BCRP produces." —Zelton Dave Sharp, Associate Professor, Interim Director/Chairman, Institute of Biotechnology/Dept. Molecular Medicine, University of Texas Health Science Center (August 2005)

Indeed, in April of 1999, John Niederhuber, now the Director of the National Cancer Institute (NCI), said the following about the program when he was Director of the University of Wisconsin Comprehensive Cancer Center:

"Research projects at our institution funded by the Department of Defense are searching for new knowledge in many different fields including: identification of risk factors, investigating new therapies and their mechanism of action, developing new imaging techniques and the development of new models to study [breast cancer] . . . Continued availability of this money is critical for continued progress in the nation's battle against this deadly disease."

Scientists and consumers agree that it is vital that these grants are able to continue to support breast cancer research—$150 million for peer-reviewed research will help sustain the program's momentum.

Moreover, the DOD BCRP focuses on moving research from the bench to the bedside. A major feature of the awards offered by the BCRP is that they are designed to fill niches that are not offered by other agencies. The BCRP considers translational research to be the application of well-founded laboratory or other preclinical insight into a clinical trial. To enhance this critical area of research, several research opportunities have been offered. Clinical Translational Research Awards have been awarded for investigator-initiated projects that involve a clinical trial within the lifetime of the award. The BCRP expanded its emphasis on translational research by offering five different types of awards that support work at the critical juncture between laboratory research and bedside applications.

The Centers of Excellence award mechanism brings together the world's most highly qualified individuals and institutions to address a major overarching question in breast cancer research that could make a major contribution towards the eradication of breast cancer. These Centers put to work the expertise of basic, epidemiology and clinical researchers, as well as consumer advocates to focus on a major question in breast cancer research. Many of these centers are working on questions that will translate into direct clinical applications.

SCIENTIFIC ACHIEVEMENTS

The BCRP research portfolio is comprised of many different types of projects, including support for innovative ideas, networks to facilitate clinical trials, and training of breast cancer researchers.

One of the most promising outcomes of research funded by the BCRP was the development of Herceptin, a drug that prolongs the lives of women with a particularly aggressive type of advanced breast cancer. This drug could not have been developed without first researching and understanding the gene known as HER–2/neu, which is involved in the progression of some breast cancers. Researchers found that overexpression of HER–2/neu in breast cancer cells results in very aggressive biologic behavior. Most importantly, the same researchers demonstrated that an antibody directed against HER–2/neu could slow the growth of the cancer cells that over-expressed the gene. This research, which led to the development of the drug Herceptin, was made possible in part by a DOD BCRP-funded infrastructure grant. Other researchers funded by the BCRP are currently working to identify similar kinds of genes that are involved in the initiation and progression of cancer. They hope to develop new drugs like Herceptin that can fight the growth of breast cancer cells.

Another example of innovation in the program is in the area of imaging. One DOD BCRP awardee developed a new use for medical hyperspectral imaging (MHSI) technology. This work demonstrated the usefulness of MHSI as a rapid, noninvasive, and cost-effective evaluation of normal and tumor tissue during a real-time operating procedure. Application of MHSI to surgical procedures has the potential to significantly reduce local recurrence of breast tumors and may facilitate early determination of tumor malignancy.

Several studies funded by the BCRP will examine the role of estrogen and estrogen signaling in breast cancer. For example, one study examined the effects of the two main pathways that produce estrogen. Estrogen is often processed by one of two pathways; one yields biologically active substances while the other does not. It has been suggested that women who process estrogen via the biologically active pathway may be at higher risk of developing breast cancer. It is anticipated that work from this funding effort will yield insights into the effects of estrogen processing on breast cancer risk in women with and without family histories of breast cancer.

One DOD IDEA award success has supported the development of new technology that may be used to identify changes in DNA. This technology uses a dye to label DNA adducts, compounds that are important because they may play a role in initiating breast cancer. Early results from this technique are promising and may eventually result in a new marker/method to screen breast cancer specimens.

FEDERAL MONEY WELL SPENT

The DOD BCRP is as efficient as it is innovative. In fact, 90 percent of funds go directly to research grants. The flexibility of the program allows the Army to administer it in such a way as to maximize its limited resources. The program is able to quickly respond to current scientific advances and fulfills an important niche by focusing on research that is traditionally under-funded. This was confirmed and reiterated in two separate IOM reports released in 1997 and 2004. It is responsive to the scientific community and to the public. This is evidenced by the inclusion of consumer advocates at both the peer and programmatic review levels. The consumer perspective helps the scientists understand how the research will affect the community, and allows for funding decisions based on the concerns and needs of patients and the medical community.

Since 1992, the BCRP has been responsible for managing $1.94 billion in appropriations. From its inception through fiscal year 2005, 4,674 awards at over 420 institutions throughout the United States and the District of Columbia have been granted. Approximately 200 awards will be granted for fiscal year 2006. The areas of focus of the DOD BCRP span a broad spectrum and include basic, clinical, behavioral, environmental sciences, and alternative therapy studies, to name a few. The BCRP benefits women and their families by maximizing resources and filling in the gaps in breast cancer research. Scientific achievements that are the direct result of

the DOD BCRP grants are undoubtedly moving us closer to eradicating breast cancer.

The outcomes of the BCRP-funded research can be gauged, in part, by the number of publications, abstracts/presentations, and patents/licensures reported by awardees. To date, there have been more than 9,500 publications in scientific journals, more than 10,000 abstracts and more than 350 patents/licensure applications. The federal government can truly be proud of its investment in the DOD BCRP.

INDEPENDENT ASSESSMENTS OF PROGRAM SUCCESS

The National Breast Cancer Coalition has been the driving force behind this program for many years. The success of the DOD Peer-Reviewed Breast Cancer Research Program has been illustrated by several unique assessments of the program. The IOM, which originally recommended the structure for the program, independently re-examined the program in a report published in 1997. They published another report on the program in 2004. Their findings overwhelmingly encouraged the continuation of the program and offered guidance for program implementation improvements.

The 1997 IOM review of the DOD Peer-Reviewed Breast Cancer Research Program commended the program, stating, "the program fills a unique niche among public and private funding sources for cancer research. It is not duplicative of other programs and is a promising vehicle for forging new ideas and scientific breakthroughs in the nation's fight against breast cancer." The IOM report recommended continuing the program and established a solid direction for the next phase of the program. The 2004 report reiterated these same statements and indicated that is important for the program to continue. It is imperative that Congress recognizes the independent evaluations of the DOD Breast Cancer Research Program and reiterates its own commitment to the program by appropriating the funding needed to ensure its success. The program's design—both its programmatic and peer review, as well as consumer involvement—and the program's successes have been applauded in several publications throughout the years, including: Breast Disease; Science; and the Journal of Women's Health and Gender-Based Medicine.

TRANSPARENT AND ACCOUNTABLE TO THE PUBLIC

The DOD Peer-Reviewed Breast Cancer Research Program not only provides a funding mechanism for high-risk, high-return research, but also reports the results of this research to the American people at a biennial public meeting called the Era of Hope. The 1997 meeting was the first time a federally funded program reported back to the public in detail not only on the funds used, but also on the research undertaken, the knowledge gained from that research and future directions to be pursued. The transparency of the BCRP allows scientists, consumers and the American public to see the exceptional progress made in breast cancer research.

At the 2005 Era of Hope meeting, all BCRP award recipients from the past two years were invited to report their research findings, and many awardees from previous years were asked to present advancements in their research. Themes for the 2005 meeting included: Understanding Risk—A Different Perspective; Understanding Who Needs Intervention and Understanding Treatments—Effectively Treating Primary and Metastatic Disease. The meeting also featured grant recipients who have delved into the topic of breast cancer heterogeneity. For example, gene expression profiling technologies have allowed researchers to identify several breast cancer "types." Recognition of the heterogeneous character of breast cancer will allow for better selection of patient subgroups for clinical trials testing targeted therapies. Other researchers presented their research on many important topics ranging from the usage of nanotechnology to find and treat breast cancer to identifying and destroying progenitor breast cancer cells to developing better clinical trials that still ensure patient safety and make sure that treatments are safe.

The DOD Peer-Reviewed Breast Cancer Research Program has attracted scientists across a broad spectrum of disciplines, launched new mechanisms for research and has continued to facilitate new thinking in breast cancer research and research in general. A report on all research that has been funded through the DOD BCRP is available to the public. Individuals can go to the Department of Defense website and look at the abstracts for each proposal at http://cdmrp.army.mil/bcrp/.

COMMITMENT OF THE NATIONAL BREAST CANCER COALITION

The National Breast Cancer Coalition is strongly committed to the DOD program in every aspect, as we truly believe it is one of our best chances for finding cures and preventions for breast cancer. The Coalition and its members are dedicated to

working with you to ensure the continuation of funding for this program at a level that allows this research to forge ahead. From 1992 with the launch of our "300 Million More Campaign" that formed the basis of this program to date, NBCC activists have appreciated your support.

Over the years, our members have shown their continuing support for this program through petition campaigns, collecting more than 2.6 million signatures, and through their advocacy on an almost daily basis around the country asking for support of the DOD BCRP.

As you know, there are three million women living with breast cancer in this country today. This year more than 40,460 will die of the disease and nearly 240,510 will be diagnosed. We still do not know how to prevent breast cancer, how to diagnose it truly early or how to cure it. While the mortality rate seems to be decreasing, it is not by much and it is not for all groups of women. It is an incredibly complex disease. We simply cannot afford to walk away from these facts, we cannot go back to the traditional, tried and not so true ways of dealing with breast cancer. We must, we simply must, continue the innovative, rapid, hopeful approach that is the DOD BCRP.

Two weeks ago many of the women and family members who supported the campaign to gather the 2.6 million signatures came to NBCCF's Annual Advocacy Training Conference here in Washington, D.C. More than 600 breast cancer activists from across the country, representing groups in their communities and speaking on behalf of tens of thousands of others, were here as part of our efforts to end breast cancer. The overwhelming interest in and dedication to eradicating this disease continues to be evident as people not only are signing petitions, but are willing to come to Washington, D.C. from across the country to tell their members of Congress about the vital importance of continuing the DOD BCRP.

Since the very beginning of this program in 1992, Congress has stood with us in support of this important investment in the fight against breast cancer. In the years since, Chairman Inouye and Ranking Member Stevens, you and this entire Committee have been leaders in the effort to continue this innovative investment in breast cancer research.

NBCC asks you, the Defense Appropriations Subcommittee, to recognize the importance of what has been initiated by the Appropriations Committee. You have set in motion an innovative and highly efficient approach to fighting the breast cancer epidemic. What you must do now is support this effort by continuing to fund the program at $150 million and maintain its integrity. This is research that will help us win this very real and devastating war against a cruel enemy.

Thank you again for the opportunity to submit testimony and for giving hope to all women and their families, and especially to the 3 million women in the United States living with breast cancer.

Senator INOUYE. Our next witness is Dr. Joan Lappe, of Creighton University, on behalf of the National Coalition for Osteoporosis and Related Bone Disease.

STATEMENT OF DR. JOAN LAPPE, Ph.D., CLINICAL SCIENTIST, OSTEOPOROSIS RESEARCH CENTER, CREIGHTON UNIVERSITY, ON BEHALF OF THE NATIONAL COALITION FOR OSTEOPOROSIS AND RELATED BONE DISEASES

Dr. LAPPE. Mr. Chairman, Senator Stevens. We greatly appreciate the opportunity to discuss the need for continued funding of the Department of Defense Bone Health and Military Readiness Program, I'll refer to that as the Bone Health Program.

The Bone Coalition, the Coalition for Osteoporosis and Related Bone Diseases, is committed to reducing the impact of bone diseases through expanded research.

The mission of the Department of Defense Bone Health Program is to advance bone physiology research that can lead to strategies to improve bone health, reduce stress fractures during physically intensive training, and have our military personnel ready for combat deployment.

An effort currently underway is targeting the elimination of stress fractures, which cause significant morbidity and can even

lead to permanent disability, particularly the hip fractures that can occur in these young recruits.

Stress fractures are among the most common injuries in military recruits. The incidents range from about 5 percent in males, to as high as 21 percent in female recruits. The recent increase in military recruitment has led to an upsurge in the total number of stress fractures reported.

An additional concern is that soldiers who are returning from lengthy deployments are sustaining stress fractures in unprecedented numbers.

The impact of stress fractures on the military is significant. In the U.S. Army, 40 percent of men, and 60 percent of women who sustain a stress fracture, do not complete their basic training. At one U.S. Army training base alone, an estimated $26 million was lost for soldiers discharged from training before, during a 1-year period. Now, the cost averages more than $34,000 per soldier discharged, and that does not include the cost of healthcare.

Research funded by the Bone Health Program has already been very productive. For example, research-based recommendations to decrease the training, marching, and running volume has led to a decrease in stress fracture incidents. In the first study of its kind, our research group found that vitamin D and calcium supplementation reduced the incidents of stress fractures in young females by 25 percent. There are examples of studies that are currently in progress, include—there's a study to establish sort of a risk factor profile, so that you could target individuals who are going to be at high risk. Also, we're exploring gender differences in the response to active training.

We need further research that includes better description of relationships between stress fractures and the gaits of the recruit, their carriage patterns, their biomechanics, how they fall on their legs. We need studies to improve bone quality in those high-risk interventions, and we want to take a look at pre-basic training exercise programs, more dietary supplementation, and also a new technology called "whole body vibration."

We also need to determine the efficacy of different treatments that could increase healing of stress fractures. Some things that are being considered are parathyroid hormone, ultrasound, and again, whole body vibration.

Though small in size, the Bone Health Program is providing the military with realistic solutions that protect, sustain and enhance soldier performance, and skeletal health across a continuum of military operations.

Mr. Chairman, and Senator Stevens, stress fractures continue to be a critical obstacle to military readiness, and timely deployment. It's imperative that the Department of Defense build on recent findings, and maintain an aggressive and sustained Bone Health Program.

The Coalition for Osteoporosis and Related Diseases is asking that you fund this for $5 million in 2008.

Thank you for your time and attention.

Senator INOUYE. Thank you very much, Dr. Lappe.

[The statement follows:]

PREPARED STATEMENT OF DR. JOAN LAPPE

Mr. Chairman and Members of the Committee: I am Joan Lappe, Ph.D., a clinical scientist at the Creighton University Osteoporosis Research Center in Omaha, NE and I am testifying on behalf of the National Coalition for Osteoporosis and Related Bone Diseases (the Bone Coalition).

The Bone Coalition is most appreciative of this opportunity to discuss with you the need for continued funding of the Bone Health and Military Medical Readiness program within the Department of Defense.

The Bone Coalition is committed to reducing the impact of bone diseases through expanded basic, clinical, epidemiological and behavioral research leading to improvement in patient care. The Coalition participants are prominent national bone disease organizations—the American Society for Bone and Mineral Research, the National Osteoporosis Foundation, the Osteogenesis Imperfecta Foundation, and The Paget Foundation for Paget's Disease of Bone and Related Disorders.

The mission of the Bone Health and Military Medical Readiness program is to advance bone physiology research that may lead to strategies to improve bone health of men and women, reduce stress fracture rates during physically intensive training, and have our military personnel ready for combat deployment.

An effort currently underway is targeting the elimination of stress fractures. A stress fracture is an overuse injury. It occurs when bones are repetitively loaded over short periods without sufficient time for adaptation and repair. It is seen most often among persons who are involved in physical activity to which they are not adapted. The first injury, as well as re-injury, can lead to chronic problems. In addition, some of these stress fractures, particularly of the hip, lead to permanent disability.

Stress fractures are among the most common overuse injuries seen in military recruits. The incidence in males ranges from 0.2–5.2 percent. The incidence in females is higher, ranging from 1.6–21.0 percent.

The recent increase in military recruitment has led to an upsurge in the total number of stress fracture cases reported. An additional concern is the increased number of documented stress fracture injuries over the last two years in soldiers who have recently returned from lengthy deployment. Anecdotal reports from troop medical clinics indicate that these soldiers are sustaining stress fractures in unprecedented numbers.

The impact of stress fractures is significant. Recent data obtained from the Bone Health and Military Medical Readiness (BHMMR) program indicate that:

—In the U.S. Army, 40 percent of men and 60 percent of women trainees with stress fracture do not complete basic training.

—At one U.S. Army training base alone, an estimated $26 million was lost in training costs for the 749 soldiers discharged from training over a one year period.

—This is more than $34,000 per soldier and does not include costs related to health care.

The Department of Defense recognized the severity and magnitude of stress fractures within its population and commissioned the Institute of Medicine (IOM) to examine the incidence of stress fractures in military basic training. In particular, the IOM was asked to address why the incidence of stress fractures in military basic training was greater for women than men. IOM's findings were published in 1998 and concluded that the prevalence of stress fracture has a marked impact on the health of service personnel, imposing a significant financial burden on the military by delaying completion of the training of new recruits. It further concluded that the low initial fitness of recruits, both cardiorespiratory and musculoskeletal, appeared to be the principal factor in the development of stress fractures during basic training.

Stress fractures and other bone related injuries erode the physical capabilities and reduce the effectiveness of our combat training units, compromising military readiness. Research conducted by the Bone Health and Military Medical Readiness program is highly focused on research areas that are a direct result of the physical demands that our service members are required to undergo in training and deployment.

Research Results

To date, the results of research funded under the Bone Health and Military Medical Readiness program have led, for example, to recommendations to reduce running and marching volume during recruit training. The changes to basic combat training, implemented by the Physical Fitness School and the Center for Health Promotion and Preventive Medicine and input from the U.S. Army Research Insti-

tute of Environmental Medicine and the BHMMR program, have led to a decline in stress fracture incidence.

In addition, studies have revealed an association between bone size and observed gender differences in stress fracture incidence. Lower bone/muscle ratio of the calf was associated with increased stress fracture risk in women. Biomechanical factors may also contribute to stress fracture incidence, and might be corrected through gait retraining. Studies using new imaging technology indicate that exercise may result in changes in bone strength through changes in geometry.

In the first of a kind study, Vitamin D and calcium supplementation in new Navy recruits was found to decrease stress fracture incidence by 25 percent.

With a sufficient funding level, the Bone Health program can build on these results and research efforts currently underway.

Studies Currently in Progress

Utilization of data from all relevant BHMMR and Defense Women's Health Initiative studies to establish a risk factor profile for stress fracture injury. This model will be used to identify individuals at risk for stress fracture. Science-based, targeted intervention programs can then be implemented in an effort to prevent stress fracture injury in these susceptible recruits.

Exploration of gender differences in the physiological response to strenuous exercise during strenuous training programs in a military population, with an emphasis on prevention of stress fracture injury.

The study of bone health is not a simple task, as bone health requires a complex interaction between exercise and other factors that affect bone remodeling, such as nutrition, hormonal status, genetics, and biomechanics. Currently, there is a distinct gap in understanding risk factors for stress fracture, interventions to improve bone quality, advances in imaging technologies and interventions to speed bone healing.

Future Research Needs

Risk Factors for Stress Fractures.—Research that relates stress fracture injury with: quantifiable training regimens; bone geometry and density; load carriage; gait patterns (march cadence, running, etc); tibial biomechanics. Validation studies in a recruit population are also indicated prior to use and implementation of the model in an active-duty population.

Interventions to Improve Bone Quality.—Gender studies are of special interest, given the persistent gender differences that have been observed in studies. Laboratory based intervention studies, followed by large-scale interventions in a military population are necessary to test the effectiveness of proposed interventions in decreasing stress fracture injury. Indicated interventions for individuals susceptible to injury include, but are not limited to modified load carriage requirements; gait and march formation modifications; gait retraining; pre-basic training exercise programs; dietary supplementation; and whole-body vibration.

Interventions to Speed Bone Healing.—Determine the efficacy of interventions such as therapeutic modalities (i.e. ultrasound), pharmacological treatments (i.e. PTH, IGF), and mechanical loading (i.e. targeted exercise, whole body vibration) to accelerate stress fracture healing and return to duty in injured recruits.

These studies, along with other DOD studies in progress, will determine the most cost-effective approach to diagnosis and treatment of stress fracture. An improved understanding of these injuries will also form the basis of potential preventive measures.

Recommendation

Though small in size, the Bone Health and Military Medical Readiness program is providing the military with realistic solutions that protect, sustain and enhance soldier performance and health across the continuum of military operations and training.

Mr. Chairman and members of the Committee, stress fractures continue to be a critical obstacle to military readiness and time deployment. Therefore it is imperative that the Department of Defense build on recent findings and maintain an aggressive and sustained Bone Health and Military Medical Readiness program. The National Coalition for Osteoporosis and Related Bone Diseases urges you to fund this program at a level of $5 million in fiscal year 2008.

We appreciate the opportunity to testify before the Committee.

Senator INOUYE. Our next witness is Ms. Kathleen Moakler, Director of Government Relations, National Military Family Association.

Welcome, Ms. Moakler.

STATEMENT OF KATHLEEN MOAKLER, DIRECTOR, GOVERNMENT RELATIONS, NATIONAL MILITARY FAMILY ASSOCIATION

Ms. MOAKLER. Good morning, Mr. Chairman, Senator Stevens. Thank you for inviting the National Military Family Association (NMFA) to come today, and tell you of the concerns of military families, and the issues that affect their quality of life.

Today's military families are required to be in a constant state of readiness. With the increased number of deployments, and the extension of some deployments, families need coordinated programs, and a support system that creates a strong foundation for family readiness.

Families are in different stages with each deployment. The support they receive must adapt to those stages. The professional staff and volunteers who care for these families require proper training, and must be equipped to sustain the support.

DOD and service programs like Military One Source, and Military Family Life Counselors that have proven successful in supporting families, need to be properly resourced. Innovative new programs dealing with the unique needs of individual augmentees are helping young people cope with deployment, or are addressing reintegration, like the Army's Battle Mind Program, need to be funded.

Families tell NMFA that shortfalls in installation operations funding make the challenges of military life more difficult. NMFA asks this subcommittee to ensure critical base operations programs are adequately funded for the service members and families who depend on them. Child care is always a top concern. Innovative programs are needed to match the round the clock work hours of service members, whose op tempo at home makes them almost deployed in place.

Respite care for the suddenly single parent, whose spouse is deployed, is an urgent need as well. We urge this subcommittee to make sure that the resources for providing child care are funded to meet the requirements of military families.

NMFA encourages this subcommittee to increase the DOD supplement to impact aid to $50 million, to help districts meet the additional demands caused by the effects of base realignment and closure (BRAC), and global rebasing. We ask that all school districts experiencing a significant growth in their military student populations, be eligible for the additional funding currently available only to districts with an enrollment of at least 20 percent military children. Some districts will be receiving military children for the first time, yet their need is still great.

As the war continues, families' need for a full spectrum of mental health services continues to grow. While the need grows, TRICARE reimbursement rates for mental healthcare providers have been cut in some regions. Sufficient funding to provide for the ongoing mental health needs of service members and their families should be considered.

We ask this subcommittee to fund research into the emotional, educational, and employment-related challenges affecting military families. Research funding is also needed to assess the long-term effects of post traumatic stress disorder (PTSD), and traumatic brain injury, the signature wound of this war.

NMFA thanks this subcommittee for its continued funding for a robust, military healthcare system. This healthcare system, which showed signs of stress before the start of the global war on terrorism, is now significantly taxed. Military treatment facilities must be funded, to ensure that their facilities are optimized to provide high-quality, coordinated care that is easily accessed by military beneficiaries, including wounded service members and their families.

Some military families are being asked to move to installations that are incapable of providing critical support and services to them. Funding is necessary to provide the support for gating installations. As we have seen with recent news reports about Walter Reed, anticipation of closure can impact facilities and services at the closing installation, as well.

NMFA urges Congress to fully fund the joint venture between Walter Reed, Bethesda, and Fort Belvoir to keep it on schedule. Authorized BRAC and rebasing construction, and quality of life initiatives must be fully funded, and on the promised timetable.

Military family support and quality of life facilities and programs require dedicated funding, not emergency funding. Military families are being asked to sustain their readiness. The least their country can do is make sure their support structure is consistently sustained, as well.

Thank you, and I look forward to your questions.

Senator INOUYE. Your program is absolutely essential if we are to successfully recruit and retain qualified personnel. We thank you very much.

Ms. MOAKLER. Thank you, sir.

Senator STEVENS. Thank you.

[The statement follows:]

PREPARED STATEMENT OF KATHLEEN MOAKLER

The National Military Family Association (NMFA) is the only national organization whose sole focus is the military family. The Association's goal is to influence the development and implementation of policies that will improve the lives of those family members. Its mission is to serve the families of the seven uniformed services through education, information, and advocacy.

Founded in 1969 as the National Military Wives Association, NMFA is a non-profit 501(c)(3) primarily volunteer organization. NMFA represents the interests of family members and survivors of active duty, reserve component, and retired personnel of the seven uniformed services: Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service and the National Oceanic and Atmospheric Administration.

NMFA Representatives in military communities worldwide provide a direct link between military families and NMFA staff in the nation's capital. Representatives are the "eyes and ears" of NMFA, bringing shared local concerns to national attention.

NMFA does not have or receive federal grants or contracts.

NMFA's website is: http://www.nmfa.org.

Mr. Chairman and Distinguished Members of this Subcommittee, the National Military Family Association (NMFA) would like to thank you for the opportunity to present testimony today on the quality of life of military families. Once again, we thank you for your focus on the many elements of the quality of life package for service members and their families: access to quality health care, robust military pay and benefits, support for families dealing with deployment, and special care for the families of those who have made the greatest sacrifice.

In this statement, NMFA will address issues related to military families in the following areas:

Family Readiness

Today's military families are required to be in a constant state of readiness. They are either preparing for deployment, experiencing a deployment, or recovering from a deployment for a short time until it is time to prepare for another one. Family readiness calls for coordinated programs and the information delivery system necessary to create a strong foundation of family preparedness for the ongoing and unexpected challenges of military family life. Those who provide the support, both professional and volunteer, should be well-trained. Consistent services should be available: adequate child care, easy access to preventative mental health counseling as well as therapeutic mental health care, employment assistance for spouses, and youth programs that assist parents in addressing the concerns of children during deployment and separation.

The Nation has an obligation to support the quality of life for service members and their families not only because it is the right thing to do, but also because strong quality of life programs aid in the retention of a quality force. At a recent hearing, Master Chief Petty Officer of the Navy (MCPON) Joe R. Campa, Jr. summed up the importance of caring for families: "Quality of life does affect retention and it impacts recruiting. Young Americans deciding whether the Navy is right for them look at quality of life initiatives as indicators of the Navy's commitment to sailors and their families. Our goal is to leave no family unaccounted for or unsupported. Our vision of today's Navy family is one who is self-reliant yet well connected to our Navy community and support programs."

Ensuring Robust Family Programs and Installation Operations Support

In this sixth year of the Global War on Terror (GWOT), as many service members and families are experiencing their second or third deployments, family readiness is more imperative than ever. The needs of and support required for the family experiencing repeated deployments are often different from those of the first deployment. The family that was childless in the first deployment may have two toddlers by now. Middle schoolers have grown into teenagers with different needs. Parents age and the requirements of the "sandwich generation" grow. Commanders cannot assume that "experienced" families have the tools they need to weather each new deployment successfully. The end strength increases in the Army and Marine Corps will bring many new families needing to learn the basics of military life and family support while experiencing their first deployments.

Recently, top military family program leaders from across the Services gathered at the Family Readiness Summit convened by Assistant Secretary of Defense for Reserve Affairs Thomas Hall to answer tough questions on how to work better together. While focusing on the reserve component, delegates agreed that communication across the Services and components is key to bringing families the best support possible. Effective use of technology and partnering with community agencies were listed as best practices, along with Military OneSource and the use of volunteers. Challenges identified included the need for consistent funding for family programs and full-time support personnel to help avoid burnout for the full-time staff and volunteers. Some participants expressed concern that current funding is tied to current operations and worried those funds will not always be available. Participants also identified the need for clear, non-confusing nomenclature for programs that families could recognize regardless of Service or component. Everyone saw reintegration as a challenge and expressed concern that the single service member not be forgotten in the process. Outreach to parents, significant others, and other family members is essential in helping the service member recover from the combat experience.

Families and the installation professionals who support families tell NMFA shortfalls in installation operations funding are making the challenges of military life today more difficult. Families are grateful for the funding increases Congress has provided since the start of the GWOT for deployment related programs, such as counseling, family assistance for National Guard and Reserve families, and expanding access to child care services. However, the military families who contact NMFA, as well as many of our more than 100 installation volunteers, tell us they are worried about consistent funding levels for these programs, as well as for core installation support programs: family center staffing, support for volunteer programs, maintenance on key facilities, and operating hours for dining halls, libraries, and other facilities.

Shortages in base operation funding are nothing new. What seems to make the crisis worse are war needs which have exacerbated the negative effects of a long history of cutbacks. Deployed service members expect their installation quality of life services, facilities, and programs be resourced at a level to meet the needs of their families. Cutbacks hit families hard. They are a blow to their morale, a sign that perhaps their Service or their nation does not understand or value their sac-

rifice. They also pile on another stressor to the long list of deployment-related challenges by making accessing services more difficult. Families are being told the cutbacks are necessary to ensure funds are available for the GWOT, and in the case of Army communities, the ongoing Army transformation. Just when they need quality of life programs most, families should not be asked to do without. Their commanders should not have to make the choice between paying installation utility bills or providing family support services.

NMFA asks Congress to direct the Department of Defense to maintain robust family readiness programs and to see that resources are in place to accomplish this goal. We ask this Subcommittee to ensure critical base operations programs are adequately funded for the service members and families who depend on them.

Caring for Military Children and Youth

At a recent hearing, the Service Senior Enlisted Advisors put child care in the top two of their quality of life concerns. Frequent deployments and long work hours make the need for quality affordable and accessible child care critical. We thank Congress for making additional funding available for child care since the beginning of the GWOT. We also applaud several of the innovative ways the military Services have attempted to meet the demand:

—Navy's 24 hour child care centers in Virginia and Hawaii.

—Purchase of additional child care slots in private or other government agency facilities.

—Partnerships with provider organizations to connect military families with providers.

—Additional funding provided by Congress to make improvements to temporary facilities to increase the number of child care slots on military installations.

While these efforts have helped to reduce the demand for child care, the Services—and families—continue to tell NMFA more child care spaces and innovative assistance with the high cost of off installation care are needed to fill the ever-growing demand.

Multiple deployments have also affected the number of child care providers, both center and home based. Child and Youth Service (CYS) programs have historically counted heavily on the ranks of military spouses to fill these positions. Service CYS programs report a growing shortage of spouses willing to provide child care as the stress of single parenting and the worry over the deployed service member takes its toll. The partnerships between the Services and the National Association of Child Care Resource and Referral Agencies (NACCRRA) are helping and have grown over the past two years; however, not all families qualify for the subsidies and not all programs are the same. In addition, funding for these critical programs has been provided under supplemental appropriations, families have come to depend upon these programs and Congress must ensure that funding remains available for their continuation.

Innovative strategies are also needed when addressing the unavailability of after hour (before 6 A.M. and after 6 P.M) and respite care. Families often find it difficult to obtain affordable, quality care, especially during hard-to-fill hours and on weekends. Both the Navy and the Air Force have piloted excellent programs that provide 24-hour care. The Navy has 24-hour centers in Norfolk and Hawaii, which provide a home-like atmosphere for children of Sailors working late night or varying shifts. The Air Force provides Extended Duty Child Care and Missile Care (24 hour access to child care for service members working in the missile field). These innovative programs must be expanded to provide care to more families and funding for these programs must be sufficient to ensure the same level of quality provided in traditional child development programs.

NMFA urges Congress to ensure resources are available to meet the child care needs of military families.

Education of Military Children

As increased numbers of military families move into some communities due to Global Rebasing and BRAC, their housing needs will be met further and further away from the installation. Thus, military children may be attending school in districts whose familiarity with the military lifestyle may be limited. Educating large numbers of military children will put an added burden on schools already hard-pressed to meet the needs of their current populations. Impact Aid has traditionally helped to ease this burden; however, the program remains under-funded. NMFA was disappointed to learn the DOD supplement to Impact Aid was funded at a compromise level of $35 million for fiscal year 2007. An additional $10 million was provided to school districts with more than 20 percent military enrollment that experience significant shifts in military dependent attendance due to force structure

changes, with another $5 million for districts educating severely-disabled military children. While the total funding available to support civilian schools educating military children is greater than in recent years, we urge Congress to further increase funding for schools educating large numbers of military children. This supplement to Impact Aid is vital to school districts that have shouldered the burden of ensuring military children receive a quality education despite the stresses of military life.

NMFA also encourages this Subcommittee to provide additional funding for school districts experiencing growth available to all school districts experiencing significant enrollment increases and not just to those districts meeting the current 20 percent enrollment threshold. We also urge you to authorize an increase in the level of this funding until BRAC and Global Rebasing moves are completed. The arrival of several hundred military students can be financially devastating to any school district, regardless of how many of those students the district already serves. Because military families cannot time their moves, they must find available housing wherever they can. Why restrict DOD funding to local school districts trying to meet the needs of military children simply because they did not have a large military child enrollment to begin with?

NMFA asks Congress to increase the DOD supplement to Impact Aid to $50 million to help districts better meet the additional demands caused by large numbers of military children, deployment-related issues, and the effects of military programs and policies. We also ask Congress to allow all school districts experiencing a significant growth in their military student population due to BRAC, Global Rebasing, or installation housing changes to be eligible for the additional funding currently available only to districts with an enrollment of at least 20 percent military children.

Spouse Education and Employment

Studies show the gap between the financial well-being of military families and their civilian peers is largely due to the frequent moves required of the military family and the resulting disruptions to the career progression of the military spouse. In a 2005 report by the RAND Corporation, researchers found that military spouses, when compared to their civilian counterparts, were more likely to have graduated from high school and have some college. Yet the RAND study found that civilian counterparts tended to have better employment outcomes and higher wages. Surveys show that a military spouse's income is a major contributor to the family's financial well-being and that the military spouse unemployment rate is much higher (10 percent) than the national rate.

With a concern that spouses desiring better careers will encourage service members to leave the military, DOD is acknowledging the importance of efforts to support spouse employment. Recent DOD initiatives include the collaboration between DOD and Department of Labor (DoL), which focuses on:

—establishing Milspouse.org, a resource library for military spouse employment, education and relocation information,

—establishing One Stop Career Centers near major military installations (Norfolk, Virginia; San Diego, California; Fort Campbell, Kentucky),

—expanding opportunities for Guard and Reserve members and military spouses to access training and education grants,

—exploring options with states to offer unemployment compensation to military spouses when unemployment is the result of a permanent change of station (PCS) move, and

—to improve reciprocity for state certifications and licensing requirements.

Unfortunately, funds for this promising collaboration have run out. NMFA believes this lack of funding is a significant blow to the promise of these early initiatives. We also believe the Department of Labor is best positioned to provide the coordination necessary with states and other agencies to promote opportunities for military spouse employment.

DOD has also sponsored a partnership with Monster.com to create the Military Spouse Career Center and recently announced the availability of free career coaching through the Spouse Employment Assessment, Coaching and Assistance Program (SEACA). Improvements in employment for military spouses and assistance in supporting their career progression will require increased partnerships and initiatives by a variety of government agencies and private employers. These programs depend upon continued funding availability. Many of them are currently being funded as pilot projects.

NMFA asks that the partnership between DOD and DoL be realigned to give DoL the authority to serve military spouses through legislative changes designating military spouses as an eligible group for funds for training and education. Furthermore, NMFA asks Congress to ensure that successful pilot programs are converted to long-term, permanent programs with regular funding streams.

Mental Health

As the war continues, families' need for a full spectrum of mental health services—from preventative care to stress reduction techniques, to individual or family counseling, to medical mental health services—continues to grow. As service members and families experience numerous lengthy and dangerous deployments, NMFA believes the need for confidential, preventative mental health services will continue to rise. It will also remain high for some time even after military operations scale down in Iraq and Afghanistan. NMFA has seen progress in the provision of mental health services, access to those services, and military service member and family well-being. In some cases, however, the progress is ongoing and barriers to quality mental health care remain.

As pointed out in a report by the American Psychological Association, scholarly research is needed on the short- and long-term effects of deployment on military families, especially the children. We urge this Subcommittee to fund research agreements with qualified research organizations to expand our Nation's knowledge base on the mental health needs of the entire military family: service members, spouses, and children. Solid research on the needs of military families is needed to ensure the mix of programs and initiatives available to meet those needs is actually the correct one.

We ask this Subcommittee to encourage DOD to expand research into the emotional, educational, and deployment-related challenges affecting military families.

Family Health

NMFA thanks this Subcommittee for its continued funding for a robust military health care system. We ask Members of Congress to remember the multi-faceted mission of this system. It must meet the needs of service members and the Department of Defense (DOD) in times of armed conflict. The Nation must also acknowledge that military members, retirees, their families, and survivors are indeed a unique population with unique duties, who earn an entitlement to a unique health care program. We ask you to recognize that the military health care system, which showed signs of stress even before the start of the Global War on Terror, is now significantly taxed.

MTFs must have the resources and the encouragement to ensure their facilities are optimized to provide high quality, coordinated care for the most beneficiaries possible. They must be held accountable for meeting stated access standards. If funding or personnel resource issues are the reason access standards are not being met, then assistance must be provided to ensure MTFs are able to meet access standards, support the military mission, and continue to provide quality health care.

NMFA asks all Members of Congress to hold DOD accountable for providing access to quality care to all TRICARE beneficiaries and to ensure the system is adequately resourced to provide that access.

TRICARE Fees—What's the Answer?

Last year's proposal by DOD to raise TRICARE fees by exorbitant amounts resonated throughout the beneficiary population. Beneficiaries saw the proposal as a concentrated effort by DOD to change their earned entitlement to health care into an insurance plan. NMFA appreciates the concern shown by Members of Congress last year in forestalling any premium increase, emphasizing the need for the Department to institute more economies, and suggesting further investigation of the issue through a report by the Government Accountability Office and the creation of a task force on the future of military health care. We appreciate your recognition of the need for more information about the budget assumptions used by DOD, the effects of possible increases on beneficiary behavior, the need for DOD to implement greater efficiencies in the Defense Health Care Program (DHP), and the adequacy of the DHP budget as proposed by DOD.

NMFA remains especially concerned about what we believe is DOD's continued intention to create a TRICARE Standard enrollment fee. Charging a premium (enrollment fee) for TRICARE Standard moves the benefit from an earned entitlement to an opportunity to buy into an insurance plan. Standard is the only option for many retirees, their families, and survivors because TRICARE Prime is not offered everywhere. Also, using the Standard option does not guarantee beneficiaries access to health care. DOD has so far not linked any guarantee of access to their proposals to require a Standard enrollment fee.

DOD's proposal last year to increase TRICARE Prime enrollment fees, while completely out-of-line dollar wise, was not unexpected. In fact, NMFA had been surprised DOD did not include an increase as it implemented the recent round of new TRICARE contracts. NMFA believes DOD officials continue to support large increased retiree enrollment fees for TRICARE Prime, combined with a tiered system

of enrollment fees and TRICARE Standard deductibles. NMFA believes any tiered system would be arbitrarily devised and would fail to acknowledge the needs of the most vulnerable beneficiaries: survivors, wounded service members, and their families.

Acknowledging that the annual Prime enrollment fee has not increased in more than 10 years and that it may be reasonable to have a mechanism to increase fees, NMFA last year presented an alternative to DOD's proposal should Congress deem some cost increase necessary. The most important feature of this proposal was that any fee increase be no greater than the percentage increase in the retiree cost of living adjustment (COLA). If DOD thought $230/$460 was a fair fee for all in 1995, then it would appear that raising the fees simply by the percentage increase in retiree pay is also fair. NMFA also suggests it would be reasonable to adjust the TRICARE Standard deductibles by tying increases to the percent of the retiree annual COLA.

NMFA believes tying increases in TRICARE enrollment fees to the percentage increase in the retiree Cost of Living Adjustment (COLA) is a fair way to increase beneficiary cost shares should Congress deem an increase necessary.

Wounded Service members Have Wounded Families

Traumatic Brain Injury (TBI) is the signature wound for Operation Enduring Freedom and Operation Iraqi Freedom injured service members. Long-term effects and appropriate treatment for this condition have not been adequately assessed. NMFA is concerned with DOD's decision to cut funding for basic research by 9 percent and 18 percent for applied research. Accurate diagnosis and proper treatment for TBI requires forward leaning initiatives by DOD and VA founded on solid research.

When designing support for the wounded/injured in today's conflict, the "government"—whether in the guise of commander, non-commissioned officer, Service personnel office, a family assistance center, an MTF, or the VA—must take a more inclusive view of military families and remember that a successful recovery depends on caring for the whole patient and not just the wound. It is time to update TRICARE benefits to meet the needs of this population by allowing medically-retired wounded service members and their families to retain access to the set of benefits available to active duty families during a transitional period following the service member's retirement. These benefits would include the ability to enroll in TRICARE Prime Remote and to continue coverage of a disabled family member under the Extended Care Health Option (ECHO).

To support wounded and injured service members and their families, NMFA recommends that Congress extend the three-year transitional survivor health care benefit to service members who are medically retired and their families and direct DOD to establish a Family Assistance Center at every MTF caring for wounded service members.

Families in Transition

Military families are in a constant state of movement. Through the years, the knowledge that the family would be relocated every two or three years was a constant. Now, there are many different types of transitions. The closing of installations in Europe is forcing families back to the states into communities that may not have the infrastructure and housing to support them. As service members return from combat and reintegrate with their families and employers, all parties need to have the tools to help in the reintegration process. Survivors—the military families who have sacrificed the most—deserve our Nation's long-term support. What needs to be done to help service members and families in transition?

Base Realignment and Closure, Global Rebasing, and Transformation

As DOD relocates and rebases units, it must be conscious that the further it moves families from an installation and the military community, the more it degrades their ability to benefit from the support of that military community. The current BRAC and rebasing initiatives will result in disruption and upheaval for the families affected. Military families accept this fact as a reality of the lifestyle they have chosen. What they cannot, and should not, be asked to accept is that they will be asked to move as ordered to a receiving installation that is incapable of providing critical support and services to them. Moving is stressful for any family. It is critical the government does not amplify this stress by allowing the process to move forward without the funding for necessary infrastructure and facilities to support these families. This critical funding is needed to provide health care, education, housing, child care, and family support programs and facilities for these gaining installations. The Army alone requires thirty new child care centers simply to maintain the level of

care currently available on losing installations. Military families must be assured that services are in place before they arrive at their new military community.

NMFA strongly asserts that the authorized BRAC and rebasing construction and quality of life initiatives must be fully funded.

Survivors

NMFA still believes the benefit change that will provide the most significant long-term advantage to the financial security of all surviving families would be to end the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP). Ending this offset would correct an inequity that has existed for many years. Those who give their lives for their country deserve more fair compensation for their surviving spouses. We urge Congress to intensify efforts to eliminate this unfair "widow's tax" this year.

NMFA believes several other adjustments could be made to the Survivor Benefit Plan. These include allowing payment of SBP benefits into a trust fund in cases of disabled children and allowing SBP eligibility to switch to children if a surviving spouse is convicted of complicity in the member's death.

NMFA recommends the DIC offset to SPB be eliminated to recognize the length of commitment and service of the career service member and spouse and relieve the spouse of making hasty financial decisions at a time when he or she is emotionally vulnerable.

Pay and Compensation

NMFA thanks Members of this Subcommittee for their recognition that service members and their families deserve a comprehensive benefit package. In addition, service members and their families appreciate the regular annual pay increases and targeted raises, over the past several years. In most cases, military pay is on par with civilian pay for equivalent education levels. NMFA asserts, however, that while the DOD policy of paying at the seventieth percentile has made significant progress in alleviating the pay gap, military service is a unique profession, which requires unique dedication and sacrifice. Perhaps the establishment of pay rates at the seventieth percentile does not adequately reflect the value our Nation places on the dedicated service of our men and women in uniform. NMFA urges funding for a pay increase of not less than 4 percent for fiscal year 2008. We further urge that future increases consider the unique character of military service and consider the establishment of pay rates at the eightieth percentile.

Families and Community

Higher stress levels caused by open-ended and multiple deployments require a higher level of community support. We ask Congress to ensure a consistent level of resources to provide robust quality of life, family support, and the full range of preventative and therapeutic mental health programs during the entire deployment cycle: pre-deployment, deployment, post-deployment, and in that critical period between deployments.

Military families share a bond that is unequaled in the civilian world. They support each other through hardship, deployments, PCS moves, and sometimes, the loss of a loved one. The military community is close knit and must be so. It is imperative that our Nation ensure the necessary infrastructure and support components are in place to support families regardless of where they happen to be located geographically. More importantly, we ask you and other Members of Congress to ensure that the measures undertaken today in the interest of cutting costs and improving efficiency do not also destroy the sense of military community so critical to the successful navigation of a military lifestyle.

Educating families on what support is being provided helps reduce the uncertainty for families. Preparation and training are key in reaching families and making sure they are aware of additional resources available to them. While NMFA appreciates the extraordinary support that was made available to address the special needs of the families during deployment extensions and the recent "Surge", our Nation must ensure this level of support is available to all families day in and day out. Military family support and quality of life facilities and programs require dedicated funding, not emergency funding. Military families are being asked to sustain their readiness. The least their country can do is make sure their support structure is consistently sustained as well. Strong families equal a strong force. Family readiness is integral to service member readiness. The cost of that readiness is an integral part of the cost of the war and a National responsibility. We ask Congress to shoulder that responsibility as service members and their families shoulder theirs.

Senator INOUYE. Our next witness is Ms. Sherry Black, Executive Director of Ovarian Cancer National Alliance.

Ms. Black.

STATEMENT OF SHERRY SALWAY BLACK, EXECUTIVE DIRECTOR, OVARIAN CANCER NATIONAL ALLIANCE

Ms. BLACK. Good morning, Mr. Chairman, Senator Stevens. Thank you for inviting me, once again, to speak before this subcommittee.

I am the Executive Director of the Ovarian Cancer National Alliance, and I am testifying on behalf of the 172,000 ovarian cancer survivors, which I am lucky to be one.

I am pleased to be here on behalf of survivors, patients, and our many friends who have lost their battle to ovarian cancer, to urge you to continue to support the Department of Defense, congressionally directed research program in ovarian cancer.

According to the American Cancer Society, more than 22,000 women will be diagnosed with ovarian cancer, and approximately 15,000 will lose their lives to this disease this year.

Ovarian cancer causes more deaths than all other cancers of the female reproductive tract combined, and is the fifth highest cause of cancer deaths among women.

Currently, almost one-half of the women diagnosed with ovarian cancer die within 5 years. Seventy-five percent are diagnosed in stages 3 and 4. When detected early, as I was, the 5-year survival rate increases to more than 90 percent, but when detected in the late stages, the 5-year survival rate drops to 29 percent.

Ovarian cancer survival rates have not made the appreciable gains that other cancers have. One reason is the lack of an early screening or diagnostic test. Yet, Federal funding for ovarian cancer research has remained flat. We need continued and increased research funding to assure that effective screening and diagnostic tests are developed, and ideally, to identify who is high risk, and how ovarian cancer can be prevented in the first place.

The Ovarian Cancer Research Program (OCRP) has been funded at $10 million since 2004, and has never been appropriated more than $12 million in its 10 year history. We know that critical research, which takes many years to bear fruit, is on the cusp of significant findings. Additional investment now is vital for future research into prevention, diagnosis, and treatment.

Since its inception, the OCRP has developed a multidisciplinary research portfolio that encompasses prevention, early detection, diagnosis, pre-clinical therapeutics, quality of life, and behavioral research projects. The OCRP strengthens the Federal Government's commitment to ovarian cancer research, and supports innovative and novel projects that propose new ways of examining prevention, early detection, and treatment.

The program also attracts new investigators into ovarian cancer research, and encourages proposals that address the needs of minority, elderly, low income, rural, and other underrepresented populations.

Today, ovarian cancer researchers are still struggling to develop the very first ovarian cancer screening test. With traditional research models largely unsuccessful, the innovative grants awards by the OCRP are integral to moving the field of research forward. The OCRP has been responsible for the only two working animal

models of ovarian cancer, models that will help unlock the keys to diagnosing and treating ovarian cancer.

In 2007, researchers announced the discovery of a potential biomarker, that may be used in ovarian cancer screening. Only with sufficient funding will the realization of a desperately needed screening test be possible.

The program's achievements have been documented in numerous ways, included 253 publications in professional journals and books, 330 abstracts and presentations, and nine patents. Due to research grants, the program has attracted 25 new researchers to the field—this is critical. Investigators funded through the OCRP have yielded several crucial breakthroughs in the study of prevention.

The alliance is joined by our partner, the Society of Gynecologic Oncologists, and the many people affected by this disease. We urge the subcommittee to increase Federal funding on ovarian cancer by appropriating $20 million to the Department of Defense Ovarian Cancer Research Program for fiscal year 2008.

The alliance is celebrating its 10th anniversary this year. As we conclude our first decade of action, we look forward to a future of hope. This hope is made possible, in part, by advances in medicine discovered through the OCRP.

I thank you very much for your leadership on this issue.

Senator INOUYE. As indicated earlier, Senator Stevens and I are on your side. We'll do our best.

Ms. BLACK. Thank you very much.

[The statement follows:]

PREPARED STATEMENT OF SHERRY SALWAY BLACK

Mr. Chairman, Ranking Member and Members of the Subcommittee, thank you for inviting me to speak. I am Sherry Salway Black, Executive Director of the Ovarian Cancer National Alliance (the Alliance). I am testifying on behalf of the 172,000 ovarian cancer survivors, of which I am lucky to count myself. I am pleased to be here on behalf of survivors, patients and our many friends who lost their battle to ovarian cancer to urge you to continue to support the Department of Defense (DOD) Congressionally Directed Medical Research Program (CDMRP) in ovarian cancer. The Ovarian Cancer Research Program (OCRP) and the Alliance have worked for the past 10 years to improve the lives of women with ovarian cancer, and their families. We are joined in our request by the doctors who deliver patient care, the Society of Gynecologic Oncologists. Great strides have been made in this previous decade, but without an increase in research funds, progress will stall. As we move forward into our second decade, we have hope for the future of treatment, patient care, survivorship and research.

According to the American Cancer Society, more than 22,000 women will be diagnosed with ovarian cancer and approximately 15,000 will lose their lives to the disease this year. Ovarian cancer causes more deaths than all the other cancers of the female reproductive tract combined, and is the fifth highest cause of cancer deaths among women. Currently, almost half of the women diagnosed with ovarian cancer die within five years. When detected early, the five-year survival rate increases to more than 90 percent, but when detected in the late stages, the five-year survival rate drops to 29 percent.

The majority of women with ovarian cancer are diagnosed in Stages III or IV, when survival rates are lower. Ovarian cancer survival rates have not made the appreciable gains that other cancers have. One key reason for this is the lack of an effective screening or early diagnosis test.

Yet, federal funding for ovarian cancer research has remained flat. We need continued and increased research funding to assure that effective screening and diagnostic tests are developed, and ideally to identify who is at high-risk and how ovarian cancer can be prevented in the first place. The OCRP has been funded at $10 million since 2004, and has never been appropriated more than $12 million in its 10-year history. We know that critical research, which takes many years to bear fruit, is on the cusp of significant findings. Additional investment now is vital for

future research into prevention, diagnosis and treatment. Therefore, we respectfully recommend that this Subcommittee appropriate $20 million to the OCRP for fiscal year 2008.

THE OVARIAN CANCER RESEARCH PROGRAM

Funding history

The Ovarian Cancer Research Program (OCRP) was established in 1997 in response to the advocacy efforts of the ovarian cancer movement. The stated mission is to eliminate ovarian cancer by promoting "innovative, integrated multidisciplinary research efforts that will lead to a better understanding, detection, diagnosis, prevention and control of ovarian cancer." The program was initially appropriated $7.5 million. In its first eight years, the OCRP has distributed more than $79 million for research. In 2005 the OCRP was only able to fund 7 percent of the proposals, and in 2006 was limited to 15 percent of the proposals. The OCRP operates with less than 10 percent in administrative costs, making this a highly efficient program.

Cutting-edge research being done by grantees of the program has moved us forward: researchers now better understand the disease, have identified possible biomarkers for screening tests, are exploring targeted therapies, and are moving us closer to our goal of conquering ovarian cancer. Without additional funding, we fear that researchers will fail to investigate ovarian cancer, and our medical progress will stall.

Process

The program uses an Integration Panel to provide a two-tier review process in which scientific and non-scientific advisors interact. Patient advocates are always included in the review process. The Integration Panel, based on input from advocates, scientists and clinicians, identifies areas where research should be conducted. The inclusion of patient advocates adds a necessary perspective by ensuring that the focus is on understanding and conquering the disease in a way that will be helpful to patients. The goal of the OCRP is to use science directly to help ovarian cancer patients and those at risk—not just for the sake of a scientific exercise.

More important, the process allows funding of research that is high risk, but high reward, and would not otherwise be funded. One example of such research is investigation into a much-needed screening test through the presence of a biomarker BCL–2, and the discovery that hormones found in oral contraceptives reduce the risk of ovarian cancer. Researchers without proven track records may receive grants from the OCRP—many of these research projects have gone on to be funded by the National Institutes of Health after the initial OCRP-funded research is completed.

Grants are awarded to fund innovative research or to establish research resources. These research resources are available to Historically Black Colleges and Universities/Minority Institutions and are awarded to foster collaborations between the researchers at the minority institution and other institutions.

Collaboration between institutions is an important aspect of this program. Projects have leveraged DOD awards with National Institutes of Health (NIH) programs or other institutions, both domestically and internationally. For example, one award linked researchers at the Fox Chase Cancer Center with scientists at Delaware State University to study lasers as an early detection tool for ovarian cancer.

Many of the results from the CDMRP are translatable to other cancers. For example, a study funded by DOD, NIH and Komen for the Cure discovered the existence of cancer stem cells. These cancer stem cells may hold the key to preventing cancer recurrence. Another study is testing a patient's breath for cancer. The research has proven successful for breast and lung cancers. Currently, specially trained dogs can smell biochemicals in patients' breath that indicate early lung and breast cancers correctly in over 85 percent of cases.

Results

Since its inception, the OCRP has developed a multidisciplinary research portfolio that encompasses etiology, prevention, early detection/diagnosis, preclinical therapeutics, quality-of-life, and behavioral research projects. The OCRP strengthens the federal government's commitment to ovarian cancer research and supports innovative and novel projects that propose new ways of examining prevention, early detection and treatment. The program also attracts new investigators into ovarian cancer research, and encourages proposals that address the needs of minority, elderly, low-income, rural and other under-represented populations.

Today, ovarian cancer researchers are still struggling to develop the first ovarian cancer screening test. With traditional research models largely unsuccessful, the innovative grants awarded by the OCRP are integral in moving the field of research forward. The OCRP has been responsible for the only two working animal models

of ovarian cancer—models that will help unlock keys to diagnosing and treating ovarian cancer. In 2007, researchers announced the discovery of a potential biomarker that may be used on ovarian cancer screening. Only with sufficient funding will the realization of a desperately-needed screening test be possible.

The program's achievements have been documented in numerous ways, including 253 publications in professional medical journals and books, 330 abstracts and presentations given at professional meetings, and nine patents, applications and licenses granted to awardees of the program. Due to research grants, the program has attracted 25 new researchers to the field, 18 of whom are still working on ovarian cancer. Investigators funded through the OCRP have yielded several crucial breakthroughs in the study of prevention and detection, including:

—Creation of a human ovarian tissue bank
—Development of chicken model to study susceptibility to ovarian cancer
—Use of rhesus monkey model to study contraceptives and vitamin A analog in prevention of ovarian cancer
—Detection of a possible biomarker (BCL–2) screening tool to detect ovarian cancer through urine samples
—Development of a potential screening tool to determine chemotherapy sensitivity in ovarian cancer patients
—Use of new bioinformatics tools to identify different sets of genes for different types of ovarian cancer tumors
—Development of radio-therapeutics for advanced ovarian cancer treatment
—Discovery of a receptor expression level as a possible indicator of aggressive ovarian cancer tumor behavior
—Discovery of potential method to overcome oncogene-associated chemo-resistance in ovarian cancer cells
—Continued focus on ovarian cancer screening tools
—Development of radiation therapies for metastatic ovarian cancer
—Discovery of production of certain enzymes by ovarian cancer cells; this discovery may lead to the development of vaccines for recurrent ovarian cancer.

CONCLUSION

The Alliance is joined by our partner, the Society of Gynecologic Oncologists, in making this request. We urge the Subcommittee to increase federal funding on ovarian cancer by appropriating $20 million to the Department of Defense Ovarian Cancer Research Program for fiscal year 2008. As we conclude our first decade of action, we look forward to a future of hope. This hope is made possible, in part, by advances in medicine discovered through the OCRP. I thank you for your leadership on this issue.

Senator INOUYE. Our next witness is Dr. Sven-Erik Bursell, Joslin Diabetes Center.

Did I pronounce it correctly?

STATEMENT OF DR. SVEN-ERIK BURSELL, DIRECTOR, TELEHEALTH RESEARCH, JOSLIN DIABETES CENTER

Dr. BURSELL. You did a wonderful job, sir. Thank you.

Mr. Chairman, thank you for this opportunity to report on the progress of Joslin Diabetes Center's cooperative telemedicine project with the Department of Defense, Veterans Health Administration, and the University of Hawaii for providing a healthcare delivery platform for the connect-care management and treatment of people with diabetes, and for providing appropriate eye care to prevent blindness from diabetic retinopathy.

This program can serve as a national model for providing cost-efficient and appropriate, high-quality care for all people with diabetes.

I am Sven-Erik Bursell, the Director of Telehealth Research at Joslin Diabetes Center. This Telehealth program represents a collaborative research and development effort that is being successfully translated into clinical programs, represented by the VA national tele-retinal screening initiative, and implementation of suc-

cessful clinical programs to provide diabetes care to Native Americans, Native Alaskans, and Native Hawaiians.

The innovative eye care program that is a module of our larger diabetes management platform is the only clinically validated, nonmedriatic system that is being successfully deployed in 70 sites in 23 States and is accessed by over 100,000 people with diabetes, into appropriate eye care. This has directly resulted in significant savings of sight for these people with diabetes.

This clinical application will also be the first outside application to be integrated into the new DOD, electronic medical records system, ALTA. And, its initial usage will be in the Walter Reed Army Medical Center network, and in the Lackland Air Force network in San Antonio. This integration will be completed this year.

Additionally, the larger diabetes management program is currently in use in community health centers in Hawaii, South Carolina, and Massachusetts, and will be implemented in the Indian Health Service this year. Six month data from our Community Health Centers Program showed that patients in this system see a significant improvement in their control of diabetes, such as blood glucose levels, as well as a significant reduction in the level of daily stress they experience in managing their diabetes.

We're asking for continuation funding of $5 million in fiscal year 2008 to complete a series of nine multicenter clinical trials, aimed at determining the clinical efficacy and cost efficiency of various components of our diabetes management application. The data from these completed studies will provide direct, medical and economic evidence to validate the sustainability of the program.

In addition to completing these studies, we will also initiate new research efforts into automated diabetic retinopathy, diagnostic support systems, computer-assisted decision support for medical management of diabetes, migration of the system into a personal health record that will leverage home monitoring, automated lifestyle decision support, and the use of streaming video, entertaining education that can go directly to the cell phone.

These research efforts, we expect, to rapidly translate into our existing clinical programs, to further empower people with diabetes to live a normal life.

Mr. Chairman, thank you for your attention, and our appreciation to be part of this project with the Department of Defense, as well as the support of you and your colleagues. We will be grateful for the continued support again this year, for this unique and extremely productive collaborative effort.

Thank you, sir.

Senator INOUYE. I can assure you that we'll do our very best.

Dr. BURSELL. Thank you very much.

[The statement follows:]

PREPARED STATEMENT OF DR. SVEN-ERIK BURSELL

INTRODUCTION

Mr. Chairman and Members of the Committee, I would like to thank you for the opportunity to submit written testimony on behalf of the Diabetes Care and Treatment Project: A Joslin Telemedicine Initiative. We are extremely appreciative of the funds provided for this valuable project in the fiscal year 2007 Defense Appropriations Act. The results of this work can be immediately translated into providing coordinated care for returning servicemen, as well as providing cost effective care for

all people with diabetes. In fact, the interoperable and interactive platform that we have developed for diabetes care and care of other chronic diseases can provide a model for national programs. For example, the Veterans Affairs has initiated their National Teleretinal screening program based on the research and development work derived from this funding.

SUMMARY

This request of $5,000,000 represents the collective costs of the participating organizations (Joslin Diabetes Center, Walter Reed Army Medical Center, Boston Veterans Affairs Campus, and the University of Hawaii) in this collaborative consortium of expertise and associated expenses of the Department of the Army, RDT&E.

FISCAL YEAR 2007 STATUS REPORT

The problem that we are faced with is that diabetes is a significant and growing public health problem and it disproportionately affects certain social groups especially Native Americans, Native Hawaiians and Native Alaskans. Additionally, care is unevenly provided in the United States, especially in rural/remote areas and to minorities. At this time the current health care system does not have the ability to manage all people with diabetes, and we know that diabetes-related complications can be slowed or prevented with appropriate care. This project has developed a new web-based health information technology (HIT)—the Comprehensive Diabetes Management Program (CDMP)—designed to provide even and comprehensive care to people with diabetes. This project is also examining the value derived from the adoption and utilization of the CDMP at multiple sites with 8 research projects. Several cross most sites that include the Joslin Diabetes Center, the VA Boston Healthcare System, the Walter Reed Army Medical Center network and the University of Hawaii with program implementation at 3 Community Health Centers in Hawaii.

This Diabetes Telehealth application was initially focused on the delivery of quality eye care to the right patients at the right time. The aim was to prevent blindness caused by diabetes and to provide health care delivery tools for diabetes and other chronic diseases for a clinically effective and cost efficient platform for connected care for all American people.

TELEHEALTH EYE CARE PROGRAM

This program was the earliest of our implemented diabetes care programs developed through this funding. Currently the application has accessed over 100,000 patients at approximately 70 sites in 23 states in the United States including Hawaii and Alaska. We are currently planning deployment of the Telehealth application including the eye care application in the Lackland Air Force Base network in San Antonio in May 2007.

The eye care program has been clinically validated as being diagnostically equivalent to current clinical gold standards for eye examination and has been shown to be a cost effective method of eye care delivery.

TELEHEALTH DIABETES MANAGEMENT APPLICATION PROGRESS

Work on the development of an interactive comprehensive diabetes management program was initiated in 2001. It involved leaders in diabetes clinical management, education, lifestyle modification and medical informatics from the Joslin Diabetes Center, the Department of Defense, the Veterans Affairs and the Indian Health Services. The rationale for this effort was the recognized need to be able to provide a continuum of care for diabetic patients in contrast to the current more disjointed care that is provided. This need was further highlighted by recent results from the Diabetes Prevention Program (DPP). These patients were randomized to either intensive life style modification, metformin or placebo treatment. After follow up of 4.6 years, life style modification reduced the progression to diabetes by 58 percent. Moreover, the development of diabetes was reduced by 31 percent. The results indicated that one of the primary reasons for the success of this study was the implementation of a case management program. This is exactly what we have developed for the CDMP, namely a care manager centric interactive and interoperable application that provides more continuous and immediate contact between patients, care managers and physicians over secure websites. It is anticipated that the development of the interactive web-based education and behavior modules will provide the largest potential benefit with respect to motivating patients to set reasonable goals for their management of diabetes, and thus maximize the clinical benefit.

The collaborative currently runs 9 clinical trial research projects actively that are taking place at 4 sites. These each entail testing some aspect of the Comprehensive Diabetes Management Program for clinical efficacy and cost efficiency, namely the CDMP Eye care program, the Behavioral Assessment Tool (BAT), and the digital photography component of the nutrition module.

The completion of these studies has been deemed critical to provide the medical evidence to support a sustainable program. The expectations are that this program will provide significant reductions in health care dollars expenses while maintaining a high quality of care as assessed through a reduction in complications such as blindness from diabetes. The data from these studies can provide compelling evidence to third party payors as to the effectiveness of the program since medical reimbursement is a critical factor in sustaining the program. The use of this program will also increase the access of patients to appropriate care and provide a very powerful tool that will empower patients to improve their own management of their diabetes. During the 2007 funding period, active patients in the program will be followed for all the proposed studies and data collection and interim analyses will be ongoing.

Philosophically this management program has been developed to facilitate an interactive and continuous connection between patient and care team. This gives it the ability to aggregate clinical data from diverse sources, electronic medical record systems, lab systems and data from the home through the use of home monitoring devices. In this way the system is able to present data to a physician in a medically relevant manner that allows a patient doctor communication to occur over most of the short patient visits. The robust clinical decision support system also rapidly identifies patients at risk or who have other medical issues that need to be addressed. It is expected that the management and health care delivery services provided through this application will allow a primary care practitioner to appropriately manage patients with chronic disease, such as diabetes, for longer periods of time before having to refer patients to more expensive subspecialty services that result in very cost efficient care and the savings of health care dollars.

FISCAL YEAR 2008 OBJECTIVES

CDMP Eye Care Application Enhancements

We will continue our research and development efforts to improve retinal image quality and provide computer assisted support with respect to automated detection of retinal lesions and automated diagnosis based on identification of these lesions. We will also begin to develop a system to provide computer assisted decision support for best practice treatment and management plan options, based on diagnosis of level of diabetic retinopathy and the level of risk associated with the patients diabetes in general. This neural network approach will rapidly increase the efficiency of the system for providing eye diagnoses and medically relevant treatment plan options and will have a critical impact on the sustainability of the program.

Comprehensive Diabetes Management Program (CDMP)

The current system utilization is more physician centric. However, the platform allows a migration to modules that provide a patient centric personal health record that is also interoperable and will harmonize care across the health care arena. Over the coming years our work will focus on moving the system into a more open source environment so that it becomes available to everyone license free.

A major research thrust will be to develop a neural net engine that automates treatment plan options based on available medical information and evidence based clinical guidelines. In this manner the physician can be rapidly guided to treatment plan options and can decide to choose one of the presented options or develop a different plan.

We will also focus on enriching the personal health record component of the applicant through a series of automated lifestyle decision support systems. In this way, instead of the patient having to go through options and make decisions, the system automatically provides the patient with healthy lifestyle options and the patient just has to choose whatever option the patient likes. Thus we expect that patient decisions regarding the management of the patients' chronic disease will become much more seamless and gives the patient time to focus on decisions involving a more normal lifestyle in the absence of a chronic disease.

Behavior is the Key to Health Maintenance

While behavior-driven goals are easy to define they are difficult to implement in the current medical paradigm. A typical doctor visit in the United States allows only three minutes of direct interaction with a patient. As we better understand the profound role of individual behavior in the maintenance of health and in the onset and

progression of disease, it is clear that the effective management of those behaviors is the Holy Grail of modern health management. Human behaviors are notoriously difficult to change. We change slowly and incrementally, and change comes as the result of understanding—truly, deeply understanding the positive impact our behaviors will have on the quality and length of our lives.

We expect to significantly impact patient behaviors through the use of novel education applications that are a major thrust of our continuing research and development. This will focus on the arena of providing medical education in a manner that will resonate with the patient. The concept here is to provide education and decision support in an engaging video format coupled with a learning system that starts to recognize particular patient's preferences. For example, based on patient data collected during the day on nutrition, (images of meals taken over cell phone) exercise, and blood glucose values, it will be possible to provide video clips of different meals that adhere to patient treatment plan and lifestyle. When a patient clicks on a meal beam a TV format video, onto the patient TV in the kitchen, of how to cook the meal.

Other CDMP research areas will focus 4 topics as outlined below:

—The continuing development of the nutrition module to include algorithms identifying nutritional risk based on patient food intake with decision support to improve nutritional behaviors. This will also include interactive patient advice with respect to recipe choices, portion sizes and food choices.

—Provide a wide variety of home monitoring devices to the patient that can be connected wirelessly to a home computer for transmission to the CDMP application.

—Integration of a Hypertension Management Module working in collaboration with the Veterans Administration.

—The development of a cognitive assessment tool. This is an important aspect of being able to help a patient manage diabetes. For example if a patient is non compliant to a method for changing smoking cessation, the patient is non-compliant because the patients are not ready to change or are because they do not understand what is being asked of him or her.

—The development of a mental health care service delivery module. In diabetes there is an almost complete lack of appropriate management of mental health care. During this funding cycle we will develop a CDMP module that facilitates delivery of mental health care services to a patient with diabetes.

—The development of a predictive modeling algorithm that will allow the CDMP care manager to predict significant clinical adverse events, with decision support tools that will allow the care manager to potentially prevent the adverse event from occurring.

PROGRAM COSTS

	Amount
DOD Admin & Mgmt Costs (@20 percent)	$1,000,000
Participation Expenses (Includes costs for ongoing studies and addition of new sites)	1,757,000
Joslin Expenses (Includes costs for studies and support as well as on going research and development efforts for improved retinal imaging)	1,173,000
Shared CDMP Costs involved in continuing development of new modules and computer assisted diagnostic support as well as study related costs for the ongoing cost benefit and clinical benefit studies	1,070,000
TOTAL, Joslin Diabetes Center	5,000,000

Mr. Chairman, Joslin is pleased to be a part of this project with the Department of Defense and we are grateful for the support that you and your colleagues have provided to us. Please know that we would be grateful for your continued support again this year.

Senator INOUYE. Our next witness is John R. Davis, Director, Legislative Programs of The Fleet Reserve Association.

Mr. Davis.

STATEMENT OF JOHN R. DAVIS, DIRECTOR, LEGISLATIVE PROGRAMS, THE FLEET RESERVE ASSOCIATION

Mr. DAVIS. Thank you.

Mr. Chairman, The Fleet Reserve Association (FRA) wants to thank you, and the entire subcommittee for your work to improve military pay, improve healthcare, and enhance other personnel, retirement, and survivor programs.

This year, with even more than $100 billion in pending supplemental appropriations for the Iraq and Afghanistan conflict, the United States will still spend only about 4 percent of its GDP on defense, as compared to 9 percent annually in the 1960's.

FRA strongly supports funding to support the anticipated increases in end-strengths for 2008, since the current end-strength is not adequate to meet the demands of fighting the war on terror, and sustaining other operational commitments.

Sailors, marines and Coast Guardsman serving in Operation Iraqi Freedom/Operation Enduring Freedom must be fully armed with the best protective devices available for their personal safety. A top priority for FRA is adequate funding for, and receipt of those protective devices, including: vehicle protection, armor and electronic equipment to disrupt IEDs for every uniformed service member in theater.

FRA strongly supports adequate funding for the Defense Health Program. In order to meet readiness needs, fully fund TRICARE and improve access for all beneficiaries, regardless of age, status, or location, FRA believe the Defense Department must investigate and implement other options to make TRICARE more cost effective as an alternative to shifting the cost to retiree beneficiaries under the age of 65.

The proposed 2008 budget includes cuts in healthcare funding based, apparently, on the assumed implementation of drastically higher fees for military retirees. FRA questions why DOD assumed authorization of the fee hikes before the ongoing studies are complete.

FRA strongly urges the subcommittee to restore the funding in lieu of TRICARE fee increases. FRA believes funding healthcare benefits for all beneficiaries are part of the cost of defending our Nation.

FRA supports the annual Active duty increases that are at least one-half of 1 percent above the employment cost index. For 2008, the administration recommended only a 3-percent across-the-board pay increase for members of the Armed Services, which is equal to the employment compensation index.

Adequate pay contributes to improved morale, readiness, and retention. The value of adequate pay cannot be overstated. Better pay will reduce family stress, especially for the junior enlisted. The current year pay increase, which was 2.2 percent, was the smallest increase since 1994. Military pay and benefits must reflect the fact that military service is very different from the work in the private sector.

Also, reforming and updating the Montgomery GI bill is important, and aids in the recruitment and retention of high-quality individuals for service in the Active and Reserve forces. If authorized, FRA also strongly supports funding improvements to concurrent receipt of military retired pay, and VA disability compensation. Also, retention of a full month's pay, for retired pay, by the retiree's surviving spouse.

These proposals have also been endorsed by the full military coalition.

Thank you, again, Mr. Chairman, for allowing me the opportunity to present the association's recommendations, and I stand ready to answer any questions you may have.

Senator INOUYE. Well, as you are well aware, recruiting and retention are our major concerns at this moment.

Mr. DAVIS. Yes, sir.

Senator INOUYE. And I can assure you that your program helps in that element, so we'll do our very best, sir.

Mr. DAVIS. Thank you very much.

[The statement follows:]

PREPARED STATEMENT OF JOHN R. DAVIS

THE FRA

The Fleet Reserve Association (FRA) is the oldest and largest enlisted organization serving active duty, Reserves, retired and veterans of the Navy, Marine Corps, and Coast Guard. It is Congressionally Chartered, recognized by the Department of Veterans Affairs (DVA) as an accrediting Veteran Service Organization (VSO) for claim representation and entrusted to serve all veterans who seek its help.

FRA was established in 1924 and its name is derived from the Navy's program for personnel transferring to the Fleet Reserve or Fleet Marine Corps Reserve after 20 or more years of active duty, but less than 30 years for retirement purposes. During the required period of service in the Fleet Reserve, assigned personnel earn retainer pay and are subject to recall by the Secretary of the Navy.

FRA's mission is to act as the premier "watch dog" organization in maintaining and improving the quality of life for Sea Service personnel and their families. FRA is a leading advocate on Capitol Hill for enlisted Active Duty, Reserve, retired and veterans of the Sea Services.

FRA also is a major participant in The Military Coalition (TMC) a 35-member consortium of military and veterans organizations. FRA hosts most TMC meetings and members of its staff serve in a number of TMC leadership roles, including co-chairing several committees.

FRA celebrated 82 years of service in November 2006. For over eight decades, dedication to its members has resulted in legislation enhancing quality of life programs for Sea Services personnel and other members of the Uniformed Services while protecting their rights and privileges. CHAMPUS, now TRICARE, was an initiative of FRA, as was the Uniformed Services Survivor Benefit Plan (USSBP). More recently, FRA led the way in reforming the REDUX Retirement Plan, obtaining targeted pay increases for mid-level enlisted personnel, and sea pay for junior enlisted sailors. FRA also played a leading role in obtaining predatory lending protections for service members and their dependents in the fiscal year 2007 National Defense Authorization Act.

FRA's motto is: "Loyalty, Protection, and Service."

OVERVIEW

Mr. Chairman, the Fleet Reserve Association thanks you and the entire Subcommittee for your strong and unwavering support of funding programs important to active duty, Reserve Component, and retired members of the uniformed services, their families, and survivors. The Subcommittee's work has greatly improved military pay, eliminated out-of-pocket housing expenses, improved health care, and enhanced other personnel, retirement and survivor programs. This support is critical to maintaining readiness and is invaluable to our uniformed services engaged throughout the world fighting the global War on Terror, sustaining other operational commitments and fulfilling commitments to those who've served in the past.

This year, even with the more than $100 billion in pending supplemental appropriations for Iraq and Afghanistan, the United States will still spend only four percent of its GDP on defense. From 1961–1963, the military consumed 9.1 percent of GDP annually. According to many experts the active duty military has been stretched to the limit since 9/11, and has expanded by only 30,000 personnel. FRA strongly supports funding to support the anticipated increased end strengths in fiscal year 2008 since the current end strength is not adequate to meet the demands of fighting the War on Terror and sustaining other operational commitments.

"Measuring governmental costs against the economy as a whole is a good proxy for how much of the nation's wealth is being diverted to a particular enterprise." [1]

Over the past several years, the Pentagon has been constrained in its budget even as it has been confronted with rising personnel costs, aging weapon systems, worn out equipment, and dilapidated facilities.

This statement lists the concerns of our members, keeping in mind that the Association's primary goal is to endorse any positive safety programs, rewards, quality of life improvements that support members of the uniform services, particularly those serving in hostile areas, and their families, and survivors.

Sailors, Marines, and Coast Guardsman serving in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) must be fully armed with the best protective devices available for their personnel safety. A top priority for FRA is adequate funding for, and receipt of those protective devices; including vehicle protection, armor and electronic equipment to disrupt IEDs for every uniformed member serving in theater.

HEALTH CARE

Full Funding for the Defense Health Program.—FRA strongly supports adequate funding for the Defense Health Program in order to meet readiness needs, fully fund TRICARE, and improve access for all beneficiaries regardless of age, status or location.

FRA believes that the Defense Department must investigate and implement other options to make TRICARE more cost-efficient as alternatives to shifting costs for TRICARE Standard and other health care benefits to retiree beneficiaries under age 65. Cost-saving options include:

—Negotiating discounts with drug manufacturers, or mandating federal pricing;
—Eliminate mail-order co-pays to boost use of this lowest cost option for beneficiaries to receive prescription medications; and
—Accelerate DOD/VA cost sharing initiates to ensure implementation of a seamless transition.

The proposed fiscal year 2008 budget includes a $1.86 billion health care funding cut based apparently on the assumed implementation of drastically higher fees for younger military retirees. There have been no enrollment fee hikes since TRICARE was established in 1995, and this proposed cost shifting to beneficiaries is nearly 250 percent more than the annual savings predicted by DOD last year ($735 million). FRA questions why DOD assumed authorization of the fee hikes before the Task Force on the Future of Military Health Care issues a preliminary report and prior to the Government Accountability Office (GAO) audit of the data and methodology DOD used to determine increased fees outlined in 2006. FRA strongly urges the Subcommittee to restore the $1.86 billion funding in lieu of TRICARE fee increases.

Higher health care fees for retirees will significantly erode the value of retired pay, particularly for enlisted retirees who retired prior to larger and targeted recent pay adjustments enacted to close the pay gap. Military service is very different from work in the corporate world and requires service in often life threatening duty assignments and the associated benefits offered in return must be commensurate with these realities.

FRA is grateful to both the House and Senate Budget Committees for providing head room in fiscal year 2008 to restore adequate funding without huge fee increases for beneficiaries. Funding health care benefits for all beneficiaries is part of the cost of defending our Nation.

PROTECT PERSONNEL PROGRAMS

Active Duty Pay.—FRA supports annual active duty pay increases that are at least 0.5 percent above the Employment Cost Index (ECI) along with targeted increases for mid career and senior enlisted personnel to help close the remaining four percent pay gap between active duty and private sector pay.

For fiscal year 2008, the Administration recommended only a three percent across the board pay increase for members of the Armed Services.

Adequate and targeted pay increases authorized in recent years for middle grade and senior petty and noncommissioned officers have contributed to improved morale, readiness, and retention. The value of adequate pay cannot be over stated. Better pay will reduce family stress, especially for junior enlisted and reduce the need for

[1] John Cranford, CQ Weekly, February 10, 2007; "Political Economy: High, and Low, Cost of War".

military personnel use of short-term pay day loans unaware of the ruinous long-term impact of excessive interest rates.

The 2.2 percent across the board basic pay increase for members of the Armed Forces for fiscal year 2007 is the smallest increase since 1994 and an issue within the career force. In addition, certain grades received targeted pay increases on April 1, 2007 totaling between 2 percent and 5 percent.

Military pay and benefits must reflect the fact that military service is very different from work in the private sector.

BRAC and Rebasing.—Adequate resources are required to fund essential quality of life programs and services at bases impacted by BRAC and rebasing initiatives. FRA is concerned about sustaining commissary access, MWR programs and other support for service members and their families particularly at installations most impacted by these actions. These include Guam, where a significant number of Marines and their families are being relocated from Okinawa. The shortage of funds is curtailing or closing some of the activities while the costs of participating in others have recently increased. Regarding Navy fitness centers, the biggest challenge is updating older fitness structures and providing the right equipment, and ensuring availability of trained staff.

Family Readiness and Support.—FRA supports funding for a family readiness and a support structure to enhance family cohesion and improve retention and recruitment. DOD and the services must provide information and education programs for families of our service members. Spousal and family programs have been fine tuned and are successfully contributing to the well-being of this community. The Navy's Fleet and Family Centers and the Marines' Marine Corps Community Services (MCCS) and the family services programs are providing comprehensive, 24/7 information and referral services to the service member and family through its One Source links. One Source is also particularly beneficial to mobilized Reservists and families who are unfamiliar with benefits and services available to them.

Child and Youth Programs.—MCPON Joe Campa testified before the House Appropriations Subcommittee on Military Construction and Veterans Affairs on February 9, 2007 and stated that a top Navy issue is the need for more childcare facilities. "We are currently providing close to 69 percent of the need right now, but with more single parents, dual military couples and surge deployments, childcare is very important, and it's critical to our mission accomplishment." Currently, the Navy's program cares for over 31,000 children six months to 12 years in 227 facilities, and in 3,180 on and off base licensed child development homes. Access to childcare is important and FRA urges Congress to authorize adequate funding for this important program.

Other top Navy requirements are the need for more homeport/ashore barracks, and improved health care access via more providers in certain fleet concentration areas.

As an integral support system for mission readiness and deployments, it is imperative these programs be adequately funded and continued to be improved and expanded to cover the needs of both married and single parents.

Spousal Employment.—The Association urges Congress to continue its support of the military's effort to affect a viable spousal employment program and to authorize sufficient funds to assure the program's success. Today's all-volunteer environment requires the services to consider the whole family. Spousal employment is important and can be a stepping-stone to retention of the service member—a key participant in the defense of this Nation.

Active Duty and Reserve Component Personnel End Strengths.—FRA strongly supports adequate end strength to win the War on Terror and to sustain other military commitments around the world. Inadequate end strengths increase stress on the military personnel and their families and contribute to greater reliance on the Guard and Reserves. FRA welcomes the Administration's request for 92,000 additional personnel (27,000 Marines and 65,000 Army) and urges authorization of appropriations to cover the associated short and long term costs.

Education Funding.—FRA strongly supports funding for supplemental Impact Aid for highly impacted school districts. It is important to ensure our service members, many serving in harm's way, have less concern about their children's education and more focus with the job at hand. Impact Aid funding for local schools educating military children is frozen at the fiscal year 2006 level in the Department of Education and the Administration's fiscal year 2008 request is set at the same level ($1,228,453,000) despite rebasing plans and significant anticipated Army and Marine Corps end strength increases in the coming years.

The Montgomery GI Bill (MGIB) program must be adequately funded since it is important and aids in the recruitment and retention of high-quality individuals for service in the active and Reserve forces; assists in the readjustment of service men

and women to civilian life after they complete military service; extends the benefits of higher education (and training) to service men and women who may not be able to afford higher education; and enhances the Nation by providing a better educated and more productive workforce. Double-digit education inflation is dramatically diminishing the value of MGIB, and despite recent increases, benefits fall well short of the actual cost of education at a four-year public college or university. In addition, thousands of career service members who entered service during the Veterans Education Assistance Program (VEAP) era, but declined to enroll in that program (in many cases, on the advice of government education officials) have been denied a MGIB enrollment opportunity.

Reform of PCS Process.—FRA appreciates that the long delayed implementation of the Families First program which will provide full replacement value reimbursements for damaged household goods moved during service members PCS relocations will be implemented in May 2008. This program must be adequately funded and FRA continues to support resources necessary to ensure full implementation and the continuation of this program.

RESERVE ISSUES

FRA stands foursquare in support of the Nation's Reservists. Due to the demands of the War on Terror, Reserve units are now increasingly being mobilized to augment active duty components and last year more than 5,000 Navy Reserve Sailors were serving in the desert. And wherever active-duty Marines are engaged around the world, Marine Reservists are there.

Inadequate benefits for Reservists and the Guard can only undermine long-term retention and readiness. And because of increasing demands on these personnel to perform multiple missions abroad over longer periods of time, it's essential to improve compensation and benefits packages to attract recruits and retain currently serving personnel.

Health Care.—FRA supports adequate funding for TRICARE Reserve Select to sustain the benefit on an optional basis for all selected Reservists and families on a cost-sharing basis. FRA also supports funding to increase subsidy levels for TRICARE coverage for drilling Reserve members not yet mobilized and establishing one premium for all members of the Guard and Reserve who continue to be drilling members. Consistency of health care benefits and continuity of care are major concerns for Reserve personnel and their families.

Retirement.—If authorized, FRA supports funding to support a reduction in the age when Reserve members are eligible for retirement pay, particularly for those members who have experienced extended mobilizations at great sacrifice to their civilian careers.

Family Readiness.—FRA supports resources to allow increased outreach to connect Guard and Reserve families with support programs. This includes increased funding for family readiness, especially for those geographically dispersed, not readily accessible to military installations, and inexperienced with the military. Unlike active duty families who often live near military facilities and support services, many Reserve families live in civilian communities where information and support is not readily available. Congressional hearing witnesses have indicated that many of the half million mobilized Guard and Reserve personnel have not received transition assistance services they and their families need to make a successful transition back to civilian life.

Other Issues.—FRA is pleased to see improvements to the Survivor Benefit Program (SBP) and concurrent receipt in the House Personnel Subcommittee mark up of the fiscal year 2008 National Defense Authorization Act. If authorized, the Association asks that the Subcommittee provide funding necessary to cover the increase costs of the enhancements in these two important programs.

CONCLUSION

FRA is grateful for the opportunity to present the organization's views to this distinguished Subcommittee. The Association reiterates its profound gratitude for the extraordinary progress this Subcommittee has made in advancing a wide range of military personnel benefits and quality-of-life programs for all uniformed services personnel, retirees, their families and survivors.

Thank you.

Senator INOUYE. I must call this hearing to a short recess, because we have a vote pending. There will be four votes on the floor, all stacked up, and so we should be able to reconvene in an hour.

So, with that, the hearing is recessed for 1 hour, and the first witness upon our return will be Chief Petty Officer James Phillips.

Our next witness is Chief Petty Officer James Phillips, United States Naval Sea Cadet Corps.

Captain HURD. Mr. Chairman, it's my honor to introduce Chief Phillips, who is the Petty Officer of the Year, selected out of 10,000 Sea Cadets every year, and quite a privilege.

Senator INOUYE. Congratulations.

STATEMENT OF CHIEF PETTY OFFICER JAMES PHILLIPS, UNITED STATES NAVAL SEA CADET CORPS

ACCOMPANIED BY CAPTAIN ROBERT C. HURD, UNITED STATES NAVY (RETIRED), NAVAL SEA CADET CORPS

Chief PHILLIPS. Mr. Chairman, good morning. I'm Naval Sea Cadet Corps Chief Petty Officer James Phillips, lead Petty Officer of the Warrior Division in Doseville, Georgia, as well as a senior at New Creations Center.

It is an honor to address you on behalf of the Naval Sea Cadet Corps. There are now between 9,000 and 10,000 young men and women, ages 11 to 17, and adult volunteers, proudly wearing the Naval Sea Cadet uniform in 371 units throughout the country.

We are a congressionally chartered youth development and education program, sponsored by the Navy League of the United States, and supported by the Navy and Coast Guard.

The program's main goals are the development of young men and women, while promoting interest and skill in seamanship and aviation, and instilling a sense of patriotism, courage, commitment, self-reliance, and honor, along with other qualities that mold strong moral character, and self-discipline in a drug, and gang-free environment.

After completing boot camp, Sea Cadets choose from a variety of 2-week summer training sessions, including training aboard Navy and Coast Guard ships. During my tour in the Naval Sea Cadets, I have attended 15 advanced summer and spring training sessions. During the year, we drill one weekend a month, and may complete Navy correspondent courses for advancement, this being the basis for the accelerated promotion, if a cadet should choose to enlist in the Navy, or Coast Guard, after leaving the program.

Almost 500 former Sea Cadets now attend the U.S. Naval Academy. This past year, over 12 percent of the entering fleet class were ex-cadets. Approximately 500 former cadets annually enlist in the Armed Services, pre-screened, highly motivated, and well-prepared. Prior Sea Cadets experience has proven to be an excellent indicator of a potentially higher career success rate, both in and out of the military. My current plans for the future are that I plan to work toward becoming a military doctor.

Whether or not we choose a service career, we all carry forth the forged values of good citizenship, leadership, and moral courage that we believe will benefit us and our country. A major difference between this, and other federally chartered youth programs, is that we are all responsible for our own expenses, including uniforms, travel, insurance, and training costs, which can amount to $400 to $500 a year. The Corps, however, is particularly sensitive that no

young person is denied access to the program, because of socio-economic status.

Some units are financed, in part, by local sponsors. Yet, this support—while greatly appreciated—is not sufficient to support all cadets. Federal funds over the past years have been used to help offset cadets out-of-pocket training costs, however, for a variety of reasons, current funding can no longer adequately sustain the program. These include: inflation, base closures and reduced base access, reduced afloat training opportunities, lack of previously provided transportation, on-base berthing and base transportation, increased need-based support for the cadets.

We respectfully request your consideration and support, our funding request of $300,000, that will allow for the full budgeted amount of $2 million requested for next year.

Unfortunately, time precludes sharing the many stories that Captain Hurd has shared with your staff this year, pointing out the many acts of courage, community service, and successful youth development of my fellow Sea Cadets, as well as those ex-cadets who are serving in armed forces in Iraq, Afghanistan, and around the world. These stories, and many more like them, are unfortunately the stories that you do not always hear about in the press.

Thank you for the opportunity to speak to you today. I, and the entire Sea Cadet Corps, appreciate your support for this fine program, that has meant so much to me over the past 6 years, and which will continue to influence me for the rest of my life.

Senator INOUYE. Once again, congratulations, sir. And, this patriotic program is worthy of our support.

Chief PHILLIPS. Thank you, sir.

Senator INOUYE. Thank you very much.

Chief PHILLIPS. Thank you.

[The statement follows:]

PREPARED STATEMENT OF CAPTAIN ROBERT C. HURD

REQUEST

It is respectfully requested that $300,000 be appropriated for the NSCC in fiscal year 2008, so that when added to the Navy budgeted $1,700,000 will restore full funding at the $2,000,000 level. Further, in order to ensure future funding at the full $2,000,000 requirement, consideration of including the following conference language is requested:

"Congress is pleased to learn that Navy has funded the U.S. Naval Sea Cadet Corps in the fiscal year 20078 budget as urged by the Senate and House in the 2007 Defense Budget Conference Report. Conferees include an additional $300,000 for the U.S. Naval Sea Cadet Corps, that when added to the $1,700,000 in the fiscal year 2008 budget request will fund the program at the full $2,000,000 requested. Conferees urge the Navy to continue to fund this program and increase the POM level to $2,000,000 for the U.S. Naval Sea Cadet Corps."

BACKGROUND

At the request of the Department of the Navy, the Navy League of the United States established the Naval Sea Cadet Corps in 1958 to "create a favorable image of the Navy on the part of American youth." On September 10, 1962, the U.S. Congress federally chartered the Naval Sea Cadet Corps under Public Law 87–655 as a non-profit civilian youth training organization for young people, ages 13 through 17. A National Board of Directors, whose Chairman serves as the National Vice President of the Navy League for Youth Programs, establishes NSCC policy and management guidance for operation and administration. A full-time Executive Director and small staff in Arlington, Virginia administer NSCC's day-to-day operations. These professionals work with volunteer regional directors, unit commanding

officers, and local sponsors. They also collaborate with Navy League councils and other civic, or patriotic organizations, and with local school systems.

In close cooperation with, and the support of, the U.S. Navy and U.S. Coast Guard, the Sea Cadet Corps allows youth to sample military life without obligation to join the Armed Forces. Cadets and adult leaders are authorized to wear the Navy uniform, appropriately modified with a distinctive Sea Cadet insignia.

There are currently over 367 Sea Cadet units with a program total of over 8,200 participants with over 2,200 adult volunteer Officers and Instructors.

NSCC OBJECTIVES

Develop an interest and skill in seamanship and seagoing subjects.

Develop an appreciation for our Navy's history, customs, traditions and its significant role in national defense.

Develop positive qualities of patriotism, courage, self-reliance, confidence, pride in our nation and other attributes, which contribute to development of strong moral character, good citizenship traits and a drug-free, gang-free lifestyle.

Present the advantages and prestige of a military career.

Under the Cadet Corps' umbrella is the Navy League Cadet Corps (NLCC), a youth program for children ages 11 through 13. While it is not part of the federal charter provided by Congress, the Navy League of the United States sponsors NLCC. NLCC was established ". . . to give young people mental, moral, and physical training through the medium of naval and other instruction, with the objective of developing principles of patriotism and good citizenship, instilling in them a sense of duty, discipline, self-respect, self-confidence, and a respect for others."

BENEFITS

Naval Sea Cadets experience a unique opportunity for personal growth, development of self-esteem and self-confidence. Their participation in a variety of activities within a safe, alcohol-free, drug-free, and gang-free environment provides a positive alternative to other less favorable temptations. The Cadet Corps introduces young people to nautical skills, to maritime services and to a military life style. The program provides the young Cadet the opportunity to experience self-reliance early on, while introducing this Cadet to military life without any obligation to join a branch of the armed forces. The young Cadet realizes the commitment required and routinely excels within the Navy and Coast Guard environments.

Naval Sea Cadets receive first-hand knowledge of what life in the Navy or Coast Guard is like. This realization ensures the likelihood of success should they opt for a career in military service. For example, limited travel abroad and in Canada may be available, as well as the opportunity to train onboard Navy and Coast Guard ships, craft and aircraft. These young people may also participate in shore activities ranging from training as a student at a Navy hospital to learning the fundamentals of aviation maintenance at a Naval Air Station.

The opportunity to compete for college scholarships is particularly significant. Since 1975, 197 Cadets have received financial assistance in continuing their education in a chosen career field at college.

ACTIVITIES

Naval Sea Cadets pursue a variety of activities including classroom, practical and hands-on training as well as field trips, orientation visits to military installations, and cruises on Navy and Coast Guard ships and small craft. They also participate in a variety of community and civic events.

The majority of Sea Cadet training and activities occurs year round at a local training or "drill" site. Often, this may be a military installation or base, a reserve center, a local school, civic hall, or sponsor-provided building. During the summer, activities move from the local training site and involve recruit training (boot camp), "advanced" training of choice, and a variety of other training opportunities (depending on the Cadet's previous experience and desires).

SENIOR LEADERSHIP

Volunteer Naval Sea Cadet Corps officers and instructors furnish senior leadership for the program. They willingly contribute their time and effort to serve America's youth. The Cadet Corps programs succeed because of their dedicated, active participation and commitment to the principles upon which the Corps was founded. Cadet Corps officers are appointed from the civilian sector or from active, reserve or retired military status. All are required to take orientation, intermediate and advanced Officer Professional Development courses to increase their management and

youth leadership skills. Appointment as an officer in the Sea Cadet Corps does not, in itself, confer any official military rank. However, a Navy-style uniform, bearing NSCC insignia, is authorized and worn. Cadet Corps officers receive no pay or allowances. Yet, they do derive some benefits, such as limited use of military facilities and space available air travel in conjunction with carrying out training duty orders.

DRUG-FREE AND GANG-FREE ENVIRONMENT

One of the most important benefits of the Sea Cadet program is that it provides participating youth a peer structure and environment that places maximum emphasis on a drug and gang free environment. Supporting this effort is a close liaison with the U.S. Department of Justice Drug Enforcement Administration (DEA). The DEA offers the services of all DEA Demand Reduction Coordinators to provide individual unit training, as well as their being an integral part of our boot camp training program.

Among a variety of awards and ribbons that Cadets can work toward is the Drug Reduction Service Ribbon, awarded to those who display outstanding skills in the areas of leadership, perseverance and courage. Requirements include intensive anti-drug program training and giving anti-drug presentations to interested community groups.

TRAINING

Local Training

Local training, held at the unit's drill site, includes a variety of activities supervised by qualified Sea Cadet Corps officers and instructors, as well as Navy and Coast Guard instructors.

Cadets receive classroom and hands on practical instruction in basic military requirements, military drill, water and small boat safety, core personal values, social amenities, drug/alcohol abuse, cultural relations, Navy history, naval customs and traditions and other nautical skills. Training may be held aboard ships, small boats or aircraft, depending upon platform availability. In their training Cadets also learn about and are exposed to a wide variety of civilian and military career opportunities through field trips and educational tours.

Special presentations by military and civilian officials augment the local training, as does attendance at special briefings and events throughout the local area. Cadets are also encouraged and scheduled, to participate in civic activities and events to include parades, social work and community projects, all part of the "whole person" training concept.

For all Naval Sea Cadets the training during the first several months is at their local training site and focuses on general orientation to and familiarization with, the entire program. It also prepares them for their first major away from home training event, the two weeks recruit training which all Sea Cadets must successfully complete.

The Navy League Cadet Corps training program teaches younger Cadets the virtues of personal neatness, loyalty, obedience, courtesy, dependability and a sense of responsibility for shipmates. In accordance with a Navy-oriented syllabus, this education prepares them for the higher level of training they will receive as Naval Sea Cadets.

SUMMER TRAINING

After enrolling, all Sea Cadets must first attend a two-week recruit training taught at the Navy's Recruit Training Command, at other Naval Bases or stations, and at regional recruit training sites using other military host resources. Instructed by Navy or NSCC Recruit Division Commanders, Cadets train to a condensed version of the basic training that Navy enlistees receive. The curriculum is provided by the Navy and taught at all training sites. In 2006 there were 23 recruit training classes at 21 locations, including two classes conducted over the winter holiday break and another held over spring break. About eighteen nationwide to twenty-two regional sites are required to accommodate the steady demand for quotas and also to keep cadet and adult travel costs to a minimum. Approximately 2,000 cadets attended recruit training in 2006 supported by another 350 adult volunteers.

A Cadet who successfully completes recruit training is eligible for advanced training in various fields of choice. Cadets can experience the excitement of "hands-on" practical training aboard Navy and Coast Guard vessels, ranging from tugboats and cutters to the largest nuclear-powered aircraft carriers. Female Cadets may also train aboard any ship that has females assigned as part of the ship's company. Qualified Cadets choose from such Sea Cadet advanced training as basic/advanced

airman, ceremonial guard, seamanship, sailing, SEAL training, amphibious operations, leadership, firefighting and emergency services, Homeland security, mine warfare operations, Navy diving submarine orientation and training in occupational specialties, including health care, legal, music, master-at-arms and police science and construction.

The Cadet Corp programs excel in quality and diversity of training offered, with more than 7,000 training orders carried out for the 2006 summer training program. Cadets faced a myriad of challenging training opportunities designed to instill leadership and develop self-reliance, enabling them to become familiar with the full spectrum of Navy and Coast Guard career fields.

This steady and continuing participation once again reflects the popularity of the NSCC and the positive results of federal funding for 2001 through 2006. The NSCC still continues to experience an average increased recruit and advanced training attendance of well over 2,000 cadets per year over those years in which federal funding was not available.

While recruit training acquaints cadets with Navy life and Navy style discipline, advanced training focuses on military and general career fields and opportunities, and also affords the cadets many entertaining, drug free, disciplined yet fun activities over the summer. The popularity of the training continues to grow not with just overall numbers but also as evidenced with numerous cadets performing multiple two week training sessions during the summer of 2006.

Training highlights for 2006.—The 2006 training focus was once again on providing every cadet the opportunity to perform either recruit or advanced training during the year. To that end emphasis was placed on maintaining all traditional and new training opportunities developed since federal funding was approved for the NSCC. These include more classes in sailing and legal (JAG) training, expanded SEAL training opportunity, more SCUBA and diving training classes, more seamanship training onboard the NSCC training vessels on the Great Lakes, more aviation related training and additional honor guard training opportunities. Other highlights included:

—Maintained national recruit training opportunity for every cadet wanting to participate with 21 recruit training evolutions in 2006.

—Extended cadet training opportunity beyond the traditional summer evolutions to now include advanced and recruit training classes over the Thanksgiving high school recess, the Christmas recess and the spring recess. During 2006, 12 additional classes over these school breaks were conducted with 725 cadets participating. They were supported by another 104 adult volunteers.

—Maintained NSCC's aggressive NSCC Officer Professional Development Program, with three different weekend courses tailored to improving volunteer knowledge and leadership skills. Over 500 volunteers attended 2006 training at 32 different training evolutions.

—Continued for a second year, NSCC's new naval engineering class for NSCC cadets at Navy's Training Command, Great Lakes, IL.

—Once again placed cadets onboard USCG Barque Eagle for a summer underway orientation training cruise.

—Maintained NSCC's expanded seamanship training on the Great Lakes with 4 underway cruises onboard 2 NSCC YP's and the NSCC torpedo retriever "Grayfox".

—Further enhanced NSCC cadet opportunity for advanced training in the medical field through the expanded medical "first responder" training at Naval Hospital Great Lakes, IL, and continuing the very advanced, unique "surgical tech" training at the Naval Medical Center in San Diego, CA.

—Developed and implemented NSCC's first 3 week summer training course in Joint Special Operations Command Orientation at Fort Pickett, VA. 37 cadets graduated from this course in 2006.

—Continued NSCC's maritime focus through its expanded sail training with basic, intermediate and advanced sailing classes offered in San Diego, CA and 2 additional classes on board "tall ships" in Newport, RI.

—Continued to place cadets aboard USCG stations, cutters, and tenders for what proves to be among the best of the individual training opportunities offered in the NSCC.

—Placed cadets onboard USN ships under local orders as operating schedules and opportunity permitted.

—Promoted cadets' orientation of the U.S. Naval Academy and the U.S. Coast Guard Academy by offering tuition offsets to cadets accepted into either academies summer orientation program for high school juniors (NASS or AIM). 20 cadets participated in 2006.

—Again, as in prior years, enjoyed particularly outstanding support from members of the United States Naval Reserve, the Army, and National Guard, whose help and leadership remains essential for summer training.

International Exchange Program (IEP)

For 2006 the NSCC again continued its' highly competitive, merit based, and very low cost to the cadet, International Exchange Program. Cadets were placed in Australia, United Kingdom, Sweden, Netherlands, Hong Kong, Scotland, Russia, and Bermuda to train with fellow cadets in these host nations. The NSCC and Canada maintained their traditional exchanges in Nova Scotia and British Columbia, and the NSCC hosted visiting international cadets in Newport, RI and at ANG Gowen Field, Boise, ID, for two weeks of NSCC sponsored training.

Navy League Cadet Training

In 2006, approximately 984 Navy League cadets and escorts attended Navy League Orientation and Advanced Training nationwide. Participation in 2006 was somewhat less than 2005 by about 150 cadets, surmised to be attributable to reduced enrollments as a result of the on-going war in Iraq. This is a total of approximately 350 fewer cadets than in 2004. Regardless, the diversity in location and ample quotas allowed for attendance by each and every League cadet who wished to attend. Of these, approximately 217 League cadets and their escorts attended advanced Navy League training where cadets learn about small boats and small boat safety using the U.S. Coast Guard's safe boating curriculum. Other advanced Navy League training sites emphasize leadership training. Both serve the program well in preparing League cadets for further training in the Naval Sea Cadet Corps, and particularly for their first recruit training.

International Exchange Program

For 2006 the NSCC again continued for the fifth year its' redesigned and highly competitive, merit based and very low cost to the cadet, International Exchange Program. Cadets were placed in Australia, United Kingdom, Sweden, Netherlands, Hong Kong, Korea and Bermuda to train with fellow cadets in these host nations. The NSCC and Canada maintained their traditional exchanges in Nova Scotia nad British Columbia and the NSCC hosted visiting cadets in Newport, RI and at ANG Gowen Field in Boise, ID for two weeks of NSCC sponsored training. New in 2005 were exchanges to Saint Petersberg, Russia and also to Scotland.

Navy League Cadet Training

In 2005, over 1,120 Navy League Cadets and escorts attended orientation training at 17 different sites. This diversity in location made training accessible and reasonably available to each Cadet who wished to attend. Over 373 League Cadets and escorts attended advanced training at several sites. The advanced program was developed in recognition of the need to provide follow-on training for this younger age group to sustain their interest and to better prepare them for the challenges of Naval Sea Cadet Corps training. Navy League Cadets who attend recruit orientation training are exceptionally well prepared for Sea Cadet "boot camp."

Scholarships

The Naval Sea Cadet Corps scholarship program was established to provide financial assistance to deserving Cadets who wished to further their education at the college level. Established in 1975, the scholarship program consists of a family of funds: the NSCC Scholarship Fund; the Navy League Stockholm Scholarship; and the NSCC "named scholarship" program, designed to recognize an individual, corporation, organization or foundation. Since the inception of the scholarship program, 209 scholarships have been awarded to 197 Cadets (includes some renewals) totaling over $256,500.

Service Accessions

The Naval Sea Cadet Corps was formed at the request of the Department of the Navy as a means to "enhance the Navy image in the minds of American youth." To accomplish this, ongoing presentations illustrate to Naval Sea Cadets the advantages and benefits of careers in the armed services, and in particular, the sea services.

While there is no service obligation associated with the Naval Sea Cadet Corps program, many Sea Cadets choose to enlist or enroll in Officer training programs in all the Services.

The Naval Sea Cadet Corps was formed at the request of the Department of the Navy as a means to "enhance the Navy image in the minds of American youth."

To accomplish this, ongoing training illustrates to Naval Sea Cadets the advantages and benefits of careers in the armed services, and in particular, the sea services.

Annually, the NSCC conducts a survey to determine the approximate number of Cadets making this career decision. This survey is conducted during the annual inspections of the units which occurs during the period January through March. The reported accessions to the services are only those known to the unit. There are many accessions that go unreported, that occur 2–5 years after Cadets leave their units. With about 80 percent of the units reporting, the survey indicates that 566 known Cadets entered the Armed Forces during the reporting year ending December 31, 2005. This is an increase over the previous years' accessions. Each Cadet entering the Armed Forces is a disciplined, well-trained individual and progresses much better than those with no experience. Attritions of former cadets prior to their completion of obligated service is very low compared to other entrees.

	Amount
U.S. Naval Academy (2006)	148
U.S. Military Academy	6
U.S. Coast Guard Academy	5
U.S. Air Force Academy	3
U.S. Merchant Marine Academy	10
NROTC	41
OCS Navy	8
OCS Army	11
OCS Air Force	3
OCS Marine Corps	3
USNA Prep School	1
Navy-Enlisted	169
U.S. Coast Guard-Enlisted	15
Marine Corps-Enlisted	72
Army-Enlisted	48
Air Force-Enlisted	6
National Guard-Enlisted	17
Total	566

Program Finances

Sea Cadets pay for all expenses, including travel to/from training, uniforms, insurance and training costs. Out-of-pocket costs can reach $500 each year. Assistance is made available so that no young person is denied access to the program, regardless of social or economic background.

Federally funded at the $1,000,000 level in fiscal year's 2001, 2002, and 2003, and at $1,500,000 in fiscal year 2004 and $1,700,000 in 2005 (of the $2,000,000 requested), and $2,000,000 in fiscal year 2006 all of these fund were used to offset individual Cadet's individual costs for summer training, conduct of background checks for adult volunteers and for reducing future enrollment costs for Cadets. In addition to the federal fund received, NSCC receives under $700,000 per year from other sources, which includes around $226,000 in enrollment fees from Cadets and adult volunteers. For a variety of reasons, at a minimum, this current level of funding is necessary to sustain this program and the full $2,000,000 would allow for program expansion:

—All time high in number of enrolled Sea Cadets.
—General inflation of all costs.
—Some bases denying planned access to Sea Cadets for training due to increased terrorism threat level alerts and the associated tightening of security measures—requiring Cadets to utilize alternative, and often more costly training alternatives.
—Reduced availability of afloat training opportunities due to the Navy's high level of operations related to the Iraq war.
—Reduced training site opportunities due to base closures.
—Non-availability of open bay berthing opportunities for Cadets due to their elimination as a result of enlisted habitability upgrades to individual/double berthing spaces.
—Lack of available "Space Available" transportation for group movements.
—Lack of on-base transportation, as the navy no longer "owns" busses now controlled by the GSA.
—Navy outsourcing of messing facilities to civilian contractors increases the individual Cadet's meal costs.

Because of these factors, Cadet out-of-pocket costs have skyrocketed to the point where the requested $2,000,000 alone would be barely sufficient to handle cost increases

It is therefore considered a matter of urgency that the full amount of the requested $2,000,000 be authorized and appropriated for fiscal year 2008.

Senator INOUYE. Our next witness is Mr. Rick Jones, Legislative Director, National Association for Uniformed Services.

STATEMENT OF RICK JONES, LEGISLATIVE DIRECTOR, NATIONAL ASSOCIATION FOR UNIFORMED SERVICES

Mr. JONES. Chairman Inouye, Ranking Member Stevens, it's an honor to testify before so distinguished a veteran of World War II, and it's a privilege to be invited before your subcommittee.

My association is very proud of the job this generation of Americans is doing. What they do is vital to our security, and the debt we owe them is enormous.

Mr. Chairman, quality healthcare is a strong incentive for a military career. At a time when we are relying on our Armed Forces, the Defense Department's recommendations to reduce military healthcare spending by $1.8, $1.9 billion is deeply disappointing.

The plan DOD proposes would, as you know, double or even triple annual fees for retirees and families, and would greatly diminish the value of the benefit earned by retirees for a military career. My association asks you to ensure full funding is provided to maintain the value of the healthcare benefit that's provided these men and women, willing to undergo the hardships of a military career. What we ask is what is best for our service men and women.

Mr. Chairman, a long war fought by an overstretched force gives us a warning. There are simply too many missions, and too few troops. To sustain the service, we must recognize that an increase in troop strength is needed, and it must be resourced. We ask, also, that you give priority to funding operations and maintenance accounts. To reset, recapitalize and renew the Force.

The National Guard, for example, has virtually depleted its equipment inventory, causing rising concern about its capacity to respond to disasters at home, or to train for its missions abroad. Another matter of great interest to our members is the plan to realign and consolidate military health facilities in the national capital region, specifically, Walter Reed Medical Center in Washington, DC.

To maintain Walter Reed's base operation support and medical services, we request that funds be in place to ensure that Walter Reed remains open, fully operational, and fully functional until the planned facilities at Bethesda and Fort Belvoir are in place already to give uninterrupted care to our catastrophically wounded soldiers.

Our wounded warriors really deserve our Nation's best, most compassionate healthcare. They earned it the hard way, and with application of proper resources, we know the Nation will continue to hold the well-being of these soldiers and their families in one of our highest priorities.

The development of an electronic medical record remains a major goal. My association calls on you to continue to push, as you have in the past, DOD and VA to follow through on establishing a bi-directional, interoperable, electronic medical record. The time for foot-dragging is over.

We also call on the subcommittee to fund a full spectrum of traumatic brain injury care, recognizing that TBI is a signature injury of the current conflict. We need to recognize that the care is needed for patients suffering from mild to moderate brain injuries, as well. The approach to this problem requires resources, and we trust you'll take a look at that.

We encourage the subcommittee to ensure that funding for the Defense Department's prosthetic research is adequate to support the full range of programs needed to meet the needs of current, disabled veterans.

As you know, the Uniformed Services University of the Health Sciences is the Nation's Federal School of Medicine and Graduate School of Nursing. We support the university, and request adequate funding be provided to ensure continued accredited training, especially in the area of chemical, biological, radiological, and nuclear response.

Mr. Chairman, we thank you so very much for your service to this Nation, your efforts, your hard work, we look forward to working with you, and thank you for this opportunity to support our courageous troops.

Senator INOUYE. I can assure you, Mr. Jones, that we support your position.

Mr. JONES. Thank you, sir.

[The statement follows:]

PREPARED STATEMENT OF RICK JONES

Chairman Inouye, Ranking Member Stevens, and members of the Subcommittee, good morning. It is a pleasure to appear before you today to present the views of The National Association for Uniformed Services on the 2008 Defense appropriations bill.

My name is Richard "Rick" Jones, Legislative Director of The National Association for Uniformed Services (NAUS). And for the record, NAUS has not received any federal grant or contract during the current fiscal year or during the previous two years in relation to any of the subjects discussed today.

As you know, Mr. Chairman, The National Association for Uniformed Services, founded in 1968, represents all ranks, branches and components of uniformed services personnel, their spouses and survivors. The Association includes all personnel of the active, retired, Reserve and National Guard, disabled veterans, veterans community and their families. We love our country, believe in a strong national defense, support our troops and honor their service.

Mr. Chairman, the first and most important responsibility of our government is the protection of our citizens. As we all know, we are at war. That is why the defense appropriations bill is so very important. It is critical that we provide the resources to those who fight for our protection and our way of life. We need to give our courageous men and women everything they need to prevail. And we must recognize as well that we must provide priority funding to keep the promises made to the generations of warriors whose sacrifice has paid for today's freedom.

At the start, I want to express a NAUS concern about the amount of our investment in our national defense. At the height of the War on Terror, our current defense budget represents only a little more than 4 percent of the gross national product, as opposed to the average of 5.7 percent of GNP in the peacetime years between 1940 and 2000.

We cannot look the other way in a time when we face such serious threats. Resources are required to ensure our military is fully staffed, trained, and equipped to achieve victory against our enemies. Leaders in Congress and the administration need to balance our priorities and ensure our defense in a dangerous world.

Here, I would like to make special mention of the leadership and contribution this panel has made in providing the resources and support our forces need to complete their mission. Defending the United States homeland and the cause of freedom means that the dangers we face must be confronted. And it means that the brave

men and women who put on the uniform must have the very best training, best weapons, best care and wherewithal we can give them.

Mr. Chairman, you and those on this important panel have taken every step to give our fighting men and women the funds they need, despite allocations we view as insufficient for our total defense needs. You have made difficult priority decisions that have helped defend America and taken special care of one of our greatest assets, namely our men and women in uniform.

And NAUS is very proud of the job this generation of Americans is doing to defend America. Every day they risk their lives, half a world away from loved ones. Their daily sacrifice is done in today's voluntary force. What they do is vital to our security. And the debt we owe them is enormous.

The members of NAUS applaud Congress for the actions you have taken over the last several years to close the pay gap, provide bonuses for specialized skill sets, and improve the overall quality of life for our troops and the means necessary for their support.

Our Association does, however, have some concerns about a number of matters. Among the major issues that we will address today is the provision of a proper health care for the military community and recognition of the funding requirements for TRICARE for retired military. Also, we will ask for adequate funding to improve the pay for members of our armed forces and to address a number of other challenges including TRICARE Reserve Select and the Survivor Benefit Plan.

We also have a number of related priority concerns such as the diagnosis and care of troops returning with Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI), the need for enhanced priority in the area of prosthetics research, and providing improved seamless transition for returning troops between the Department of Defense (DOD) and the Department of Veterans Affairs (VA). In addition, we would like to ensure that adequate funds are provided to defeat injuries from the enemy's use of Improvised Explosive Devices (IEDs).

Military Quality of Life: Health Care

Quality health care is a strong incentive to make military service a career. The Defense blueprint for military healthcare raises serious concern. DOD recommends saving $1.8 billion through sharp increases in TRICARE fees and higher copays for pharmaceuticals for 3.1 million retirees under age 65 and their families.

To achieve these savings, Defense officials would institute the plan proposed last year. That plan triples annual enrollment fees for TRICARE Prime next October for officers, to $700 from $230 a year for individuals and to $1,400 from $460 per year for families. For retired E–6 and below, the fee would jump nearly fifty percent, to $325/$650 from $230/$460. And for E–7 and above, the jump would more than double to $475/$950 from $230/$460.

Defense officials also suggest the establishment of a TRICARE Standard enrollment fee and an increase in the annual amount of deductible charges paid by retirees using Standard coverage. The standard beneficiary already pays a 25 percent cost share (and an added 15 percent for non-participating providers). Should Congress approve the DOD request to increase deductibles and initiate an annual fee, the value of the benefit earned by military retirees using Standard would be greatly diminished.

DOD officials also recommend changes in TRICARE retail pharmacy copayments. Their ideas call for increasing copays for retail generic drugs to $5 from $3 and for retail brand drugs to $15 from $9. The copayment for non-formulary prescriptions would remain at $22. By the way, these would also affect over-age 65 retirees who use TRICARE for Life.

The assertion behind the proposals is to have working-age retirees and family members pay a larger share of TRICARE costs or use civilian health plans offered by employers. Frankly, we are deeply troubled that DOD would aim to discourage retirees from using their earned benefits with the military medical system.

The National Association for Uniformed Services is certainly not comfortable with DOD estimates that by 2011, if the changes were made, 144,000 retirees currently enrolled in the TRICARE programs would bail out and go to a State or private plan and an estimated 350,000 people who earned the benefit would never come into it.

The DOD plan would drive half a million military retirees to make a choice that they might otherwise not want to make to reduce its costs this year by $1.8 billion. It is not only an extremely poor way to treat military families in times of peace or war; it is unfair, unbalanced, and would push 500,000 retirees out of TRICARE, the benefit they earned through a military career.

Mr. Chairman, the National Association for Uniformed Services asks you to ensure full funding is provided to maintain the value of the healthcare benefit provided those men and women willing to undergo the hardships of a military career.

The provision of quality, timely care is considered one of the most important benefits afforded the career military. What Congress has done reflects the commitment of a nation, and it deserves your wholehearted support.

We urge the Subcommittee to take the actions necessary for honoring our obligation to those men and women who have worn the nation's military uniform. Confirm America's solemn, moral obligation to support our troops, our military retirees, and their families. They have kept their promise to our Nation, now it's time for us to keep our promise to them.

Military Quality of Life: Pay

For fiscal year 2008, the Administration recommends a 3 percent across-the-board pay increase for members of the Armed Forces. The proposal is designed, according to the Pentagon, to keep military pay in line with civilian wage growth.

The National Association for Uniformed Services calls on you to put our troops and their families first. Our forces are stretched thin, at war, yet getting the job done. We ask you to express the nation's gratitude for their critical service, increase basic pay and drill pay one-half percent above the administration's request to 3.5 percent.

Congress and the administration have done a good job over the recent past to narrow the gap between civilian-sector and military pay. The differential, which was as great as 14 percent in the late 1990s, has been reduced to just under 4 percent with the January 2007 pay increase.

However, we can do better than simply maintaining a rough measure of comparability with the civilian wage scale. To help retention of experience and entice recruitment, the pay differential is important. We have made significant strides. But we are still below the private sector.

In addition, we urge the appropriations panel to never lose sight of the fact that our DOD manpower policy needs a compensation package that is reasonable and competitive. Bonuses have a role in this area. Bonuses for instance can pull people into special jobs that help supply our manpower for critical assets, and they can also entice "old hands" to come back into the game with their skills.

The National Association for Uniformed Services asks you to do all you can to fully compensate these brave men and women for being in harm's way, we should clearly recognize the risks they face and make every effort to appropriately compensate them for the job they do.

Military Quality of Life: Allowances

The National Association for Uniformed Services strongly supports revised housing standards within the Basic Allowance for Housing (BAH). We are most grateful for the congressional actions reducing out-of-pocket housing expenses for servicemembers over the last several years. Despite the many advances made, many enlisted personnel continue to face steep challenge in providing themselves and their families with affordable off-base housing and utility expenses. BAH provisions must ensure that rates keep pace with housing costs in communities where military members serve and reside. Efforts to better align actual housing rates can reduce unnecessary stress and help those who serve better focus on the job at hand, rather than the struggle with meeting housing costs for their families.

Military Quality of Life: Allowances

The National Association for Uniformed Services urges the Subcommittee to provide adequate funding for military construction and family housing accounts used by DOD to provide our service members and their families quality housing. The funds for base allowance and housing should ensure that those serving our country are able to afford to live in quality housing whether on or off the base. The current program to upgrade military housing by privatizing Defense housing stock is working well. We encourage continued oversight in this area to ensure joint military-developer activity continues to improve housing options. Clearly, we need to be particularly alert to this challenge as we implement BRAC and related rebasing changes.

The National Association for Uniformed Services also asks special provision be granted the National Guard and Reserve for planning and design in the upgrade of facilities. Since the terrorist attacks of Sept. 11, 2001, our Guardsmen and reservists have witnessed an upward spiral in the rate of deployment and mobilization. The mission has clearly changed, and we must recognize they account for an increasing role in our national defense and homeland security responsibilities. The challenge to help them keep pace is an obligation we owe for their vital service.

Increase Force Readiness Funds

The readiness of our forces is declining. The long war fought by an overstretched force tells us one thing: there are simply too many missions and too few troops. Extended and repeated deployments are taking a human toll. Back-to-back deployments means, in practical terms, that our troops face unrealistic demands. To sustain the service we must recognize that an increase in troop strength is needed and it must be resourced.

In addition, we ask you to give priority to funding for the operations and maintenance accounts where money is secured to reset, recapitalize and renew the force. The National Guard, for example, has virtually depleted its equipment inventory, causing rising concern about its capacity to respond to disasters at home or to train for its missions abroad.

Walter Reed Army Medical Center

Another matter of great interest to our members is the plan to realign and consolidate military health facilities in the National Capital Region. The proposed plan includes the realignment of all highly specialized and sophisticated medical services currently located at Walter Reed Army Medical Center in Washington, DC, to the National Naval Medical Center in Bethesda, MD, and the closing of the existing Walter Reed by 2011.

While we herald the renewed review of the adequacy of our hospital facilities and the care and treatment of our wounded warriors that result from news reports of deteriorating conditions at Walter Reed Army Medical Center, the National Association for Uniformed Services believes that Congress must continue to provide adequate resources for WRAMC to maintain its base operations' support and medical services that are required for uninterrupted care of our catastrophically wounded soldiers and marines as they move through this premier medical center.

We request that funds be in place to ensure that Walter Reed remains open, fully operational and fully functional, until the planned facilities at Bethesda or Fort Belvoir are in place and ready to give appropriate care and treatment to the men and women wounded in armed service.

Our wounded warriors deserve our nation's best, most compassionate healthcare and quality treatment system. They earned it the hard way. And with application of the proper resources, we know the nation will continue to hold the well being of soldiers and their families as our number one priority.

Department of Defense, Seamless Transition Between the DOD and VA

The development of electronic medical records remains a major goal. It is our view that providing a seamless transition for recently discharged military is especially important for servicemembers leaving the military for medical reasons related to combat, particularly for the most severely injured patients.

The National Association for Uniformed Services calls on the Appropriations Committee to push DOD and VA to follow through on establishing a bi-directional, interoperable electronic medical record. Since 1982, these two departments have been working on sharing critical medical records, yet to date neither has effectively come together in coordination with the other.

The time for foot dragging is over. Taking care of soldiers, sailors, airmen and marines is a national obligation, and doing it right sends a strong signal to those currently in military service as well as to those thinking about joining the military.

DOD must be directed to adopt identical electronic architecture including software, data standards and data repositories as used at the Department of Veterans Affairs. It makes absolute sense and it would lower costs for both organizations.

If our seriously wounded troops are to receive the care they deserve, the departments must do what is necessary to establish a system that allows seamless transition of medical records. It is essential if our nation is to ensure that all troops receive timely, quality health care and other benefits earned in military service.

To improve the DOD/VA exchange, the hand-off should include a detailed history of care provided and an assessment of what each patient may require in the future, including mental health services. No veteran leaving military service should fall through the bureaucratic cracks.

Defense Department Force Protection

The National Association for Uniformed Services urges the Subcommittee to provide adequate funding to rapidly deploy and acquire the full range of force protection capabilities for deployed forces. This would include resources for up-armored high mobility multipurpose wheeled vehicles and add-on ballistic protection to provide force protection for soldiers in Iraq and Afghanistan, ensure increased activity for joint research and treatment effort to treat combat blast injuries resulting from

improvised explosive devices (IEDs), rocket propelled grenades, and other attacks; and facilitate the early deployment of new technology, equipment, and tactics to counter the threat of IEDs.

We ask special consideration be given to counter IEDs, defined as makeshift or "homemade" bombs, often used by enemy forces to destroy military convoys and currently the leading cause of casualties to troops deployed in Iraq. These devices are the weapon of choice and, unfortunately, a very efficient weapon used by our enemy. The Joint Improvised Explosive Device Defeat Organization (JIEDDO) is established to coordinate efforts that would help eliminate the threat posed by these IEDs. We urge efforts to advance investment in technology to counteract radio-controlled devices used to detonate these killers. Maintaining support is required to stay ahead of the changing enemy and to decrease casualties caused by IEDs.

Defense Health Program—TRICARE Reserve Select

Mr. Chairman, another area that requires attention is reservist participation in TRICARE. As we are all aware, National Guard and Reserve personnel have seen an upward spiral of mobilization and deployment since the terrorist attacks of Sept. 11, 2001. The mission has changed and with it our reliance on these forces has risen. Congress has recognized these changes and begun to update and upgrade protections and benefits for those called away from family, home and employment to active duty. We urge your commitment to these troops to ensure that the long overdue changes made in the provision of their heath care and related benefits is adequately resourced. We are one force, all bearing a full share of the load.

Department of Defense, Prosthetic Research

Clearly, care for our troops with limb loss is a matter of national concern. The global war on terrorism in Iraq and Afghanistan has produced wounded soldiers with multiple amputations and limb loss who in previous conflicts would have died from their injuries. Improved body armor and better advances in battlefield medicine reduce the number of fatalities, however injured soldiers are coming back oftentimes with severe, devastating physical losses.

In order to help meet the challenge, Defense Department research must be adequately funded to continue its critical focus on treatment of troops surviving this war with grievous injuries. The research program also requires funding for continued development of advanced prosthesis that will focus on the use of prosthetics with microprocessors that will perform more like the natural limb.

The National Association for Uniformed Services encourages the Subcommittee to ensure that funding for Defense Department's prosthetic research is adequate to support the full range of programs needed to meet current and future health challenges facing wounded veterans. To meet the situation, the Subcommittee needs to focus a substantial, dedicated funding stream on Defense Department research to address the care needs of a growing number of casualties who require specialized treatment and rehabilitation that result from their armed service.

We would also like to see better coordination between the Department of Defense Advanced Research Projects Agency and the Department of Veterans Affairs in the development of prosthetics that are readily adaptable to aid amputees.

Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI)

The National Association for Uniformed Services supports a higher priority on Defense Department care of troops demonstrating symptoms of mental health disorders and traumatic brain injury.

It is said that Traumatic Brain Injury (TBI) is the signature injury of the Iraq war. Blast injuries often cause permanent damage to brain tissue. Veterans with severe TBI will require extensive rehabilitation and medical and clinical support, including neurological and psychiatric services with physical and psycho-social therapies.

We call on the Subcommittee to fund a full spectrum of TBI care and to recognize that care is also needed for patients suffering from mild to moderate brain injuries, as well. The approach to this problem requires resources for hiring caseworkers, doctors, nurses, clinicians and general caregivers if we are to meet the needs of these men and women and their families.

The mental condition known as Post Traumatic Stress Disorder (PTSD) has been well known for over a hundred years under an assortment of different names. For example more than sixty years ago, Army psychiatrists reported, "That each moment of combat imposes a strain so great that . . . psychiatric casualties are as inevitable as gunshot and shrapnel wounds in warfare."

PTSD is a serious psychiatric disorder. While the government has demonstrated over the past several years a higher level of attention to those military personnel

who exhibit PTSD symptoms, more should be done to assist service members found to be at risk.

Pre-deployment and post-deployment medicine is very important. Our legacy of the Gulf War demonstrates the concept that we need to understand the health of our service members as a continuum, from pre- to post-deployment.

The National Association for Uniformed Services applauds the extent of help provided by the Defense Department, however we encourage that more resources be made available to assist. Early recognition of the symptoms and proactive programs are essential to help many of those who must deal with the debilitating effects of mental injuries, as inevitable in combat as gunshot and shrapnel wounds.

We encourage the Members of the Subcommittee to provide for these funds and to closely monitor their expenditure and to see they are not redirected to other areas of defense spending.

Armed Forces Retirement Home

The National Association for Uniformed Services encourages the Subcommittee's continued interest in providing funds for the Armed Forces Retirement Home (AFRH). As you know, more than half of the residents in the Gulfport home were evacuated for care and treatment to the Washington, DC, home the day after Hurricane Katrina struck and damaged the Mississippi facility in August 2005. We applaud the staff and residents at the Washington facility for stepping up to the challenge of absorbing the change, and we recognize that challenges remain in the transformation.

We urge the Subcommittee to continue its help in providing adequate funding to alleviate the strains on the Washington home. Also, we remain concerned about the future of the Gulfport home, so we urge your continued close oversight on the recently signed memorandum of understanding between the General Services Administration and design-build contractors for the Gulfport home. And we thank the subcommittee for the provision of $221 million to build a new Armed Forces Retirement Home at the present location of the tower, which is scheduled for demolition this summer.

The National Association for Uniformed Services also asks the Subcommittee to closely review administration plans to sell great portions of the Washington AFRH to developers. The AFRH home is a historic national treasure, and we recommend that Congress find an alternate means to continue providing a residence for and quality-of-life support to these deserving veterans without turning most of this pristine campus over to developers.

Uniformed Services University of the Health Sciences

As you know, the Uniformed Services University of the Health Sciences (USUHS) is the nation's federal school of medicine and graduate school of nursing. The medical students are all active-duty uniformed officers in the Army, Navy, Air Force and U.S. Public Health Service who are being educated to deal with wartime casualties, national disasters, emerging diseases and other public health emergencies.

The National Association for Uniformed Services supports the USUHS and requests adequate funding be provided to ensure continued accredited training, especially in the area of chemical, biological, radiological and nuclear response. In this regard, it is our understanding that USUHS requires funding for training and educational focus on biological threats and incidents for military, civilian, uniformed first responders and healthcare providers across the nation.

Joint POW/MIA Accounting Command (JPAC)

We also want the fullest accounting of our missing servicemen and ask for your support in DOD dedicated efforts to find and identify remains. It is a duty we owe to the families of those still missing as well as to those who served or who currently serve. And as President Bush said, "It is a signal that those who wear our country's military uniform will never be abandoned."

In recent years, funding for the Joint POW/MIA Accounting Command (JPAC) has fallen short, forcing the agency to scale back and even cancel many of its investigative and recovery operations. NAUS supports the fullest possible accounting of our missing servicemen. It is a duty we owe the families, to ensure that those who wear our country's uniform are never abandoned. We request that appropriate funds be provided to support the JPAC mission for fiscal year 2008.

Appreciation for the Opportunity to Testify

As a staunch advocate for our uniformed service men and women, The National Association for Uniformed Services recognizes that these brave men and women did not fail us in their service to country, and we, in turn, must not fail them in providing the benefits and services they earned through honorable military service.

Mr. Chairman, The National Association for Uniformed Services appreciates the Subcommittee's hard work. We ask that you continue to work in good faith to put the dollars where they are most needed: in strengthening our national defense, ensuring troop protection, compensating those who serve, providing for DOD medical services including TRICARE, and building adequate housing for military troops and their families, and in the related defense matters discussed today. These are some of our nation's highest priority needs and we ask that they be given the level of attention they deserve.

The National Association for Uniformed Services is confident you will take special care of our nation's greatest assets: the men and women who serve and have served in uniform. We are proud of the service they give to America every day. They are vital to our defense and national security. The price we pay as a nation for their earned benefits is a continuing cost of war, and it will never cost more nor equal the value of their service.

We thank you for your efforts, your hard work. And we look forward to working with you to ensure we continue to provide sufficient resources to protect the earned benefits for those giving military service to America every day.

Again, the National Association for Uniformed Services deeply appreciates the opportunity to present the Association's views on the issues before the Defense Appropriations Subcommittee.

Senator INOUYE. Our next witness, Mr. George Dahlman, Senior Vice President for Public Policy, the Leukemia and Lymphoma Society.

STATEMENT OF GEORGE DAHLMAN, SENIOR VICE PRESIDENT FOR PUBLIC POLICY, LEUKEMIA AND LYMPHOMA SOCIETY

Mr. DAHLMAN. Thank you, Mr. Chairman, for giving us this opportunity. My name is George Dahlman, I'm here today to represent and testify on behalf of the Leukemia and Lymphoma Society and hundreds of thousands of blood cancer patients across the country. I'm also the parent of a leukemia survivor.

Over the past 56 years, this society has been dedicated to finding a cure for blood cancers, that's leukemia, lymphoma, and myeloma. We are both—we are the largest blood cancer organization in the world and we're actually the second largest cancer organization in the country after the American Cancer Society.

Our main focus is really on funding research. We'll fund, in 2007, approximately $65 million in grants. We provide a wide range of services to people with blood cancer, their caregivers and family, at 64 chapters around the country.

As you may know, there have been impressive strides in curing childhood cancer and a few years ago there was a new pill developed called Gleevec, which has really developed a new paradigm in targeted treatments of cancer, generally. We are proud—the society is proud to play a role in developing that drug and—but there's still a lot of work to be done. A lot of blood cancers still have bad outlooks. And, the Department of Defense's congressionally directed medical research program is an important part of that.

Right now in this year, about 130,000 Americans will be diagnosed with some form of blood cancer and approximately 65,000 of those will die this year. The society and its other blood cancer partners believes this is important medical research to the Department of Defense for a number of reasons.

First, research on blood cancers had significance relevance to the Armed Forces because the incidence of these cancers is substantially higher among individuals with chemical and nuclear exposure. Higher incidences of leukemia have long been substantiated in extreme nuclear incidents in both military and civilian popu-

lations. And, recent studies prove that individual exposures, for example, to chemical agents such as Agent Orange in the Vietnam war, also developed blood cancers.

Second, research in blood cancers traditionally pioneered treatments in other cancers. Just like Gleevec, the first chemotherapy and bone marrow transplants are two good examples of treatments first developed in blood cancers that are now applied to others. And Congress recognized that relevance. Over the past 6 years, they have appropriated $4.5 million annually for one type of leukemia program and members of the subcommittee know the great distinction of the CDMRP is its cooperative and collaborative process that incorporates different experts and patients in the field.

Furthermore, over the last 6 years, blood cancers have been one of a number of diseases eligible for research funding under the DOD's Peer-review Medical Research Program. But as of the continuing resolution in February, the leukemia program itself and the incorporation of the blood cancers as an eligible disease to be sponsored under the peer-reviewed program, were both dropped.

Mr. Chairman, with all due respect to our colleagues fighting a broad range of cancers that are represented in this program and, certainly not to diminish their significance, a cancer research program designed for application to military and national security needs would invariably begin with a strong blood cancer research foundation. DOD research on blood cancers addresses the importance of preparing for civilian and military exposure to weapons being developed by hostile nations and to aid in the march to more effective treatments for all who suffer from these diseases.

Recognizing that, this year a group of 34 members of Congress have requested that the program be funded at $10 million and expanded in scope to include all blood cancers. And, the very least, especially for this subcommittee, we strongly believe that a blood cancer program should at least be eligible for funding under the Peer-reviewed Medical Research Program. That's not a guarantee of funding, but simply the ability to compete.

Subcommittee members might be interested in knowing that we had, the society had been in discussions with CDMRP on collaborative opportunities in team science, which we are, have a great deal of experience in. And, the society, because of our extensive research portfolio, is interested in pursuing opportunities for public/private partnerships with the Department of Defense. That question was raised by this subcommittee in 2003, and was the subject of an Institute of Medicine report in 2004, and the society continues to believe that a collaborative venture holds great promise.

DOD research on other forms of cancer, blood cancers address the importance of civilian and military exposure to the weapons being developed across the world and to aid in the effective treatment of people who suffer those. And, we respectfully request support for this funding in the fiscal year 2008 appropriations bill.

Thank you.

Senator INOUYE. This is, cancer is a matter of personal concern to most of our members. Thank you very much.

Mr. DAHLMAN. Thank you.

[The statement follows:]

PREPARED STATEMENT OF GEORGE DAHLMAN

INTRODUCTION

Mr. Chairman and members of the committee, my name is George Dahlman, Senior Vice President, Public Policy for The Leukemia & Lymphoma Society. I am pleased to appear today and testify on behalf the Society and the almost 800,000 Americans currently living with blood cancers and the 130,000 who will be diagnosed with one this year. Every 10 minutes, someone dies from one of these cancers—leukemia, lymphoma, Hodgkin's disease and myeloma.

During its 58-year history, the Society has been dedicated to finding a cure for the blood cancers, and improving the quality of life of patients and their families. The Society has the distinction of being both the nation's second largest private cancer organization and the largest private organization dedicated to biomedical research, education, patient services and advocacy as they pertain to blood-related cancers.

Our central contribution to the search for cures for the blood cancers is providing a significant amount of the funding for basic, translational and clinical research. In 2007, we will provide approximately $65 million in research grants. In addition to our research funding role, we help educate health care and school professionals as needed and provide a wide range of services to individuals with a blood cancer, their caregivers, families, and friends through our 64 chapters across the country. Finally, we advocate responsible public policies that will advance our mission of finding cures for the blood cancers and improving the quality of life of patients and their families.

We are pleased to report that impressive progress is being made in the effective treatment of many blood cancers, with 5-year survival rates doubling and even tripling over the last two decades. More than 90 percent of children with Hodgkin's disease now survive, and survival for children with acute lymphocytic leukemia and non-Hodgkin's lymphoma has risen as high as 86 percent.

Just five years ago, in fact, a new therapy was approved for chronic myelogenous leukemia, a form of leukemia for which there were previously limited treatment options, all with serious side-effects—five year survival rates were just over 50 percent. Let me say that more clearly, if six years ago your doctor told you that you had CML, you would have been informed that there were limited treatment options and that you should get your affairs in order. Today, those same patients have access to this new therapy, called Gleevec, which is a so-called targeted therapy that corrects the molecular defect that causes the disease, and does so with few side effects. Now, five year survival rates are as high as 96 percent for patients newly diagnosed with chronic phase CML.

The Society funded the early research that led to Gleevec approval, as it has contributed to research on a number of new therapies. We are pleased that we played a role in the development of this life-saving therapy, but we realize that our mission is far from realized. Many forms of leukemia, lymphoma and myeloma still present daunting treatment challenges. There is much work still to be done, and we believe that the research partnership between the public and private sectors—as represented in the Department of Defense's Congressionally Directed Medical Research Program—is an integral part of that important effort and should be further strengthened.

THE GRANT PROGRAMS OF THE LEUKEMIA & LYMPHOMA SOCIETY

The grant programs of the Society have traditionally been in three broad categories: Career Development Program grants, Translational Research Program grants, and Specialized Centers of Research Program grants. In our Career Development Program, we fund Scholars, Special Fellows, and Fellows who are pursuing careers in basic or clinical research. In our Translational Research Program, we focus on supporting investigators whose objective is to translate basic research discoveries into new therapies.

The work of Dr. Brian Druker, an oncologist at Oregon Health Sciences University and the chief investigator responsible for Gleevec's development, was supported by a Translational Research Program grant from the Society.

Our Specialized Centers of Research grant program is intended to bring investigators together to form new research teams focused on the discovery of innovative approaches to treating and/or preventing leukemia, lymphoma, and myeloma. The awards go to those groups that can demonstrate that their close interaction will create research synergy and accelerate our search for new and better treatments.

Dr. Druker is certainly a star among those supported by the Society, but our support in the biomedical field is broad and deep. Through the Society's research grant

programs, we are currently supporting more than 380 investigators at 134 institutions in 34 states and 12 other countries.

Not content with these extensive efforts, the Society is launching a new Therapy Acceleration Program intended to proactively invest in promising blood cancer therapies that are in early stages of development by industry, but which may not have sufficient financial support or market potential to justify private sector investment. In addition, the Society will use this program to further facilitate the advancement of therapies in development by academic researchers who may not have the spectrum of resources or expertise to fulfill the potential of their discoveries. Directed early phase clinical trial support in this funding program will further advance new and better treatments for blood cancer treatments.

IMPACT OF HEMATOLOGICAL CANCERS

Despite enhancements in treating blood cancers, there are still significant research challenges and opportunities. Hematological, or blood-related, cancers pose a serious health risk to all Americans. These cancers are actually a large number of diseases of varied causes and molecular make-up, and with different treatments, that strike men and women of all ages. In 2007, more than 130,000 Americans will be diagnosed with a form of blood-related cancer and almost 65,000 will die from these cancers. For some, treatment may lead to long-term remission and cure; for others these are chronic diseases that will require treatments across a lifetime; and for others treatment options are still extremely limited. For many, recurring disease will be a continual threat to a productive and secure life.

A few focused points to put this in perspective: (DB—I would reorder these 3, 1, 4, 5, 2 for logical flow)

—Taken together, the hematological cancers are fifth among cancers in incidence and fourth in mortality.

—Almost 800,000 Americans are living with a hematological malignancy in 2007.

—Almost 52,000 people will die from hematological cancers in 2007, compared to 160,000 from lung cancer, 41,000 from breast cancer, 27,000 from prostate cancer, and 52,000 from colorectal cancer.

—Blood-related cancers still represent serious treatment challenges. The improved survival for those diagnosed with all types of hematological cancers has been uneven. The five-year survival rates are:

	Percent
Hodgkin's disease	87
Non-Hodgkin's lymphoma	64
Leukemias (total)	50
Multiple Myeloma	33
Acute Myelogenous Leukemia	21

—Individuals who have been treated for leukemia, lymphoma, and myeloma may suffer serious adverse consequences of treatment, including second malignancies, organ dysfunction (cardiac, pulmonary, and endocrine), neuropsychological and psychosocial aspects, and poor quality of life.

—For the period from 1975 to 2003, the incidence rate for non-Hodgkin's lymphoma increased by 76 percent.

—Non-Hodgkin's lymphoma and multiple myeloma rank second and fifth, respectively, in terms of increased cancer mortality since 1973.

—Lymphoma is the third most common childhood cancer and the fifth most common cancer among Hispanics of all races. Recent statistics indicate both increasing incidence and earlier age of onset for multiple myeloma.

—Multiple myeloma is one of the top ten leading causes of cancer death among African Americans.

—Hispanic children of all races under the age of 20 have the highest rates of childhood leukemias.

—Despite the significant decline in the leukemia and lymphoma death rates for children in the United States, leukemia is still the leading cause of death in the United States among children less than 20 years of age, in females between the ages of 20 and 39 and males between the ages of 60–79.

—Lymphoma is the fourth leading cause of death among males between the ages of 20 and 39 and the fifth leading cause of death for females older than 80. Overall, cancer is now the leading cause of death for U.S. citizens younger than 85 years of age, overtaking heart disease as the primary killer.

POSSIBLE ENVIRONMENTAL CAUSES OF HEMATOLOGICAL CANCERS

The causes of hematological cancers are varied, and our understanding of the etiology of leukemia, lymphoma, and myeloma is limited. Extreme radiation exposures are clearly associated with an increased incidence of leukemias. Benzene exposures are associated with increased incidence of a particular form of leukemia. Chemicals in pesticides and herbicides, as well as viruses such as HIV and EBV, apparently play a role in some hematological cancers, but for most cases, no environmental cause is identified. Researchers have recently published a study reporting that the viral footprint for simian virus 40 (SV40) was found in the tumors of 43 percent of NHL patients. These research findings may open avenues for investigation of the detection, prevention, and treatment of NHL. There is a pressing need for more investigation of the role of infectious agents or environmental toxins in the initiation or progression of these diseases.

IMPORTANCE TO THE DEPARTMENT OF DEFENSE

The Leukemia & Lymphoma Society, along with its partners in the Lymphoma Research Foundation, the Multiple Myeloma Research Foundation and the International Myeloma Foundation, believe biomedical research focused on the hematological cancers is particularly important to the Department of Defense for a number of reasons.

First, research on blood-related cancers has significant relevance to the armed forces, as the incidence of these cancers is substantially higher among individuals with chemical and nuclear exposure. Higher incidences of leukemia have long been substantiated in extreme nuclear [a1]incidents in both military and civilian populations, and recent studies have proven that individual exposure to chemical agents, such as Agent Orange in the Vietnam War, cause an increased risk of contracting lymphoid malignancies. Of note, bone marrow transplants that have been developed to treat blood-related cancers were first explored as a means of treating radiation-exposed combatants and civilians following World War II.

Secondly, research in the blood cancers has traditionally pioneered treatments in other malignancies. Cancer treatments that have been developed to treat a blood-related cancer are now used or being tested as treatments for other forms of cancer. Combination chemotherapy and bone marrow transplants are two striking examples of treatments first developed for treating blood cancer patients. More recently, specific targeted therapies have proven useful for treating patients with solid tumors as well as blood-related cancers.

From a medical research perspective, it is a particularly promising time to build a DOD research effort focused on blood-related cancers. That relevance and opportunity were recognized over the last six years when Congress appropriated $4.5 million annually—for a total of $28 million—to begin initial research into chronic myelogenous leukemia (CML) through the Congressionally Directed Medical Research Program (CDMRP). As members of the Subcommittee know, a noteworthy and admirable distinction of the CDMRP is its cooperative and collaborative process that incorporates the experience and expertise of a broad range of patients, researchers and physicians in the field. Since the CML program was announced, members of the Society, individual patient advocates and leading researchers have enthusiastically welcomed the opportunity to become a part of this program and contribute to the promise of a successful, collaborative quest for a cure.

Unfortunately, the CML program was not included in January's Continuing Resolution funding other fiscal year 2007 CDMRP programs. This omission seriously jeopardizes established and promising research projects that have clear and compelling application to our armed forces as well as pioneering research for all cancers. As if to add insult to injury, blood cancers were also not included as eligible conditions to be the subject of grants under the DOD's Peer-Reviewed Medical Research Program—inexplicably reversing a six-year precedent and eliminating a critical avenue of investigation with direct application to military service.

With all due respect to our colleagues fighting a broad range of malignancies that are represented in this program—and certainly not to diminish their significance—a cancer research program designed for application to military and national security needs would invariably include a strong blood cancer research foundation. DOD research on blood cancers addresses the importance of preparing for civilian and military exposure to the weapons being developed by several hostile nations and to aid in the march to more effective treatment for all who suffer from these diseases. This request clearly has merit for inclusion in the fiscal year 2008 legislation.

Recognizing that fact and the opportunity this research represents, a bipartisan group of 30 Members of Congress have requested that the program be reconstituted at a $10 million level and be expanded to include all the blood cancers—the leuke-

mias, lymphomas and myeloma. This would provide the research community with the flexibility to build on the pioneering tradition that has characterized this field.

The Leukemia & Lymphoma Society strongly endorses and enthusiastically supports this effort and respectfully urges the Committee to include this funding in the fiscal year 2008 Defense Appropriations bill.

We believe that building on the foundation Congress initiated over the past six years should not be abandoned and would both significantly strengthen the CDMRP and accelerate the development of all cancer treatments. As history has demonstrated, expanding its focus into areas that demonstrate great promise; namely the blood-related cancers of leukemia, lymphoma and myeloma, would substantially aid the overall cancer research effort and yield great dividends.

Senator INOUYE. Our next witness is Mr. Martin B. Foil, representing the Board of Directors of the National Brain Injury Research, Treatment, & Training Foundation.

STATEMENT OF MARTIN B. FOIL, MEMBER, BOARD OF DIRECTORS, NATIONAL BRAIN INJURY RESEARCH, TREATMENT, & TRAINING FOUNDATION

Mr. FOIL. Chairman Inouye, it's good to be here. Good to see you again, sir. As you know or may remember, I'm the father of a severely brain injured young man and a member of the Board of Directors of the National Brain Injury Research, Treatment, & Training Foundation, and also a veteran.

I'm here today to request a plus-up of $12.5 million in funding for the DVBIC, the Defense Veterans Brain Injury Center and the Brain Injury Program, Head Injury Program. We already have $7 million in the DOD's budget, but this plus-up will fund the program at $19.5 million. As you know and as we've heard today among our colleagues, TBI is a signature injury of the global war on terror. These blasts from improvised explosive devices in Iraq and Iran and, well, Iraq and Afghanistan are causing our, are harming our troops at an alarming rate.

Blast injury, unlike a sports injury, you know, harms the whole body. It takes in everything. It's not like anything we've ever seen, it can't be compared to anything else. We need more research to understand the biomechanics of blast injury to develop best practices for the optimum treatment and rehab.

The DVBIC, our Center for Excellence for clinical care, military education, and treatment, relevant clinical research for the DOD and VA, is our definitive source for assessing TBI in the theater, and also for tracking TBI. The DVBIC staff has seen and treated some 2,000 troops involved in the global war on terror. Research at Fort Carson reveals that over 28 percent of our returning service members have tested positive for possible brain injury. Nineteen percent of our military TBIs are severe, they require long-term support and without interventions, such troops are relegated to nursing homes. That's absolutely not the right place.

Military needs to provide care for up to 1 year for these people with moderate and severe injuries. Twelve and one-half million would fund such care through Project Hope for Troops, with altered states of consciousness resulting from TBI. Dr. George Zitnay, the founder of DVBIC in Denver, has just returned from Landstuhl, and George, could you stand up?

George actually made rounds in Landstuhl while he was there. He saw first hand the grave need for more TBI specialists and resources. NBIRTT strongly supports the plan offered by the congres-

sional brain injury task force to improve treatment and research in the military. It recommends a blast injury Center of Excellence, pre-deployment, cognitive baseline development, better training for front-line medics, funding for care coordinators at each State to prevent gaps in care, community reentry programs, cooperative efforts with veterans organizations, medical rehab advocacy research.

Well, despite the numbers of troops returning, there has not been a compensatory increase in professionals to treat. The healthcare providers need to be trained to understand and treat unique issues involved with TBI. It is a difficult thing, with self-diagnosis you just can't do that. Stigma remains a problem.

Mr. Chairman, I respectfully request your support of the $12.5 million for 2008. I want to thank you for your leadership. We hope you will continue to support our efforts to provide the best possible care for our brave men and women. Thank you.

Senator INOUYE. Your request is reasonable, and I think very important. And I can assure we're going to do everything possible to see that it is carried out.

Mr. FOIL. Thank you very much and thank your subcommittee.

[The statement follows:]

PREPARED STATEMENT OF MARTIN B. FOIL, JR.

My name is Martin Foil and I am the father of Philip Foil, a young man with a severe brain injury. I serve as a volunteer on the Board of Directors of the National Brain Injury Research, Treatment and Training Foundation (NBIRTT).[1] Professionally, I am the Chief Executive Officer and Chairman of Tuscarora Yarns in Mt. Pleasant, North Carolina.[2]

On behalf of the thousands of military personnel sustaining brain injuries, I respectfully request $19.5 million be provided in the Department of Defense (DOD) Appropriations bill for fiscal year 2008 for the Defense and Veterans Brain Injury Center (DVBIC). This request includes the $7 million in the DOD's POM, and an additional $12.5 million to allow the important work of the program to continue during this critical time in the War on Terrorism.

TBI is the signature injury of the Global War on Terror

It is now common knowledge that blasts from improvised explosive devices (IEDs) in Iraq are causing traumatic brain injuries (TBIs) in many of our service men and women at an alarming rate. From numerous media stories, including the special report by Bob Woodruff of "ABC News" about his own experiences with TBI to the Congressional hearings on the Walter Reed Army Medical Center scandal to the report of the Department of Veterans Affairs' Task Force on Global War on Terror Heroes, there is acknowledgement that not enough is being done to care for our injured troops.[3]

NBIRTT has long been an advocate for improved research, treatment and training in TBI in the military and civilian sectors. While we would like to see improvements, we continue to support the good work being done by the experts in TBI at DVBIC. NBIRTT supports many proposals that seek to address the shortfalls in the DOD and VA health care systems, but cautions against recreating systems that are already in existence. It is NBIRTT's view that any and all efforts to improve TBI research and care be built around the work of the DVBIC.

DVBIC is the DOD–VA TBI Center of Excellence

The DVBIC, formerly known as the Defense and Veterans Head Injury Program (DVHIP), is a component of the military health care system that integrates clinical care and clinical follow-up, with applied research, treatment and training. The pro-

[1] NBIRTT is a non-profit national foundation dedicated to the support of clinical research, treatment and training.

[2] I receive no compensation from this program; rather, I have raised and contributed millions of dollars to support brain injury research, treatment, training and services.

[3] We await the reports of the Army Surgeon General's Task Force on Traumatic Brain Injury which we expect to be released May 17, 2007, and the Task Force headed by former Senator Bob Dole and former HHS Secretary Shalala, to be released in July, 2007.

gram was created after the first Gulf War to address the need for an overall systemic program for providing brain injury specific care and rehabilitation within DOD and DVA. The DVBIC seeks to ensure that all military personnel and veterans with brain injury receive brain injury-specific evaluation, treatment and follow-up.

DVBIC staff have seen and treated some 2,000 military personnel involved in the Global War on Terror. Research at Fort Carson revealed 28 percent of returning service members tested positive for possible TBI. 19 percent of military TBIs are severe, requiring life long support, and without intervention, such troops are relegated to nursing homes.

Clinical care and research is currently undertaken at seven DOD and DVA sites and two civilian treatment sites. In addition to providing treatment, rehabilitation and case management at each of the nine primary DVBIC centers,[4] the DVBIC includes a regional network of additional secondary veterans' hospitals capable of providing TBI rehabilitation, and linked to the primary lead centers for training, referrals and consultation. This is coordinated by a dedicated central DVA TBI coordinator and includes an active TBI case manager training program.

All DVBIC sites have maintained and many have increased treatment capacity. This has been a direct response to the influx of patients seen secondary to Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). WRAMC receives more casualties from theater than all of the other military treatment facilities (MTFs) in the continental United States. Patients are often seen at WRAMC within a week or two after injury and many of these patients have multiple injuries (e.g., TBI, traumatic amputations, shrapnel wounds, etc.). To meet the increased demand, screening procedures were developed by DVBIC headquarters and clinical staff. The DVBIC clinical staff reviews all incoming casualty reports at WRAMC and screens all patients who may have sustained a brain injury based on the mechanism of injury (i.e., blast/explosion, vehicular accident, fall, gunshot wound to the head, etc.).

DVBIC has reached out to screen troops returning from the field to make sure no one with a brain injury falls through the cracks. Teams from DVBIC have been sent to Fort Dix, Fort Campbell, Fort Knox, Camp Pendleton, Fort Carson, Fort Irwin, Fort Bragg, Tripler Army Medical Center and others as requested by base commanders. Teams have also traveled to Landstuhl Regional Medical Center in Germany to provide evaluation and treatment on an ongoing basis.

The DVBIC developed a screening tool, called the MACE (Military Acute Concussion Evaluation) for use in all operational settings, including in-theater and it is now widely used. DVBIC has also developed management guidelines for mild, moderate, and severe TBI in-theater, and established a telemedicine network linking DVBIC's military and VA sites.

While DVBIC clinical and educational programs remain its backbone, the program has conducted research into the effects of blast on the brain, the therapeutic use of nano-particles, and enhanced head protection using novel materials in conjunction with the conventional helmet.

NBIRTT urges funding for the DVBIC to:

—Enhance its Care Coordination Network in order to better serve patients with TBI throughout the country.

—Build and implement a web-based care coordination and patient tracking program to improve its ability to provide comprehensive follow-up to a population whose cognitive impairments place them at increased risk of loss to follow-up. Use of this advanced technology will assist its network in providing a more integrated, seamless support structure and will also improve its ability to monitor patients' progress.

—Augment clinical care targeted for the largest military bases with individuals with TBI will be implemented.

—Expand TBI Surveillance Operational Data from OIF/OEF as more military sites participate to help create a more comprehensive picture of the scope of TBI occurring in the current theatres of operation.

DVBIC is the definitive source for TBI tracking for DOD Health Affairs. With necessary funding, NBIRTT expects DVBIC to continue to function as the DOD–VA TBI Center of Excellence for clinical care, military education, and treatment-relevant clinical research.

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[4] Walter Reed Army Medical Center, Washington, DC; James A. Haley Veterans Hospital, Tampa, FL; Naval Medical Center San Diego, San Diego, CA; Minneapolis Veterans Affairs Medical Center, Minneapolis, MN; Veterans Affairs Palo Alto Health Care System, Palo Alto, CA; Virginia Neurocare, Inc., Charlottesville, VA; Hunter McGuire Veterans Affairs Medical Center, Richmond, VA; Wilford Hall Medical Center, Lackland Air Force Base, TX; Laurel Highlands Neuro-Rehabilitation Center, Johnstown, PA.

Improvements Are Needed To Assure A Continuum of Care

The DVBIC is an important tool to assure a continuum of care, but it requires an increased level of POM funding and a solid commitment by the DOD to assist in improving the military and VA health care systems. Since many of the soldiers with brain injuries will have life long needs resulting from their injuries, we need to make sure community services are available wherever the soldier lives. This can be done through local case management program and linkage to DVBIC sites. NBIRTT also supports a proposal by the National Association of State Head Injury Administrators (NASHIA) to connect returning service personnel with state resources in their home states (copy attached).

Persons with TBI may have difficulty with self diagnosis and because of cognitive impairments are at greater risk of not following up for outpatient care. In addition, town hall discussions by the Army Surgeon General's Task Force on TBI have revealed that stigma remains an obstacle for troops to admit they may have sustained a TBI. For these reasons, there is an increased need for family resources and support.

Last year we requested funding for the DVBIC to improve treatment capacity, particularly at the community reentry level, and an expanded care coordination system that meets the special needs of persons with TBI and their families and is widely distributed across the country. NBIRTT emphasizes that the need is all the greater this year.

The Congressional Brain Injury Task Force's Road Map for a Continuum of Care Based on a Proposal for Supplemental Funding for TBI

NBIRTT strongly supports the plan offered by the Congressional Brain Injury Task Force, to improve TBI treatment and research in the military. Entitled the "National Collaborative Plan for Military Traumatic Brain Injury (TBI) Within the Tri-Services" it provides for baseline pre-injury cognitive evaluation and post-injury TBI diagnosis, evaluation, screening, treatment, and neuro-rehabilitation to the time of re-entry in to the active duty military or re-entry into the local community with follow-up services. The plan encompasses all branches of the military (i.e., Army, Navy, and Air Force) including National Guard and Reserves plus collaboration with the VA, civilian partners and veterans/military organizations at the national, state and community level. The idea is to create a network of services for military personnel with TBI and their families. The plan is as follows:

—*Pre-deployment Cognitive Baseline Development*.—In order to better understand the impact of blast exposure and other situations that may cause brain injury including mild TBI a cognitive pre-test will be performed by all military personnel prior to deployment. A protocol that utilizes novel computer technology will be used for establishing a baseline similar to what is currently used in sports at the high school, college and professional level. Off-the-shelf systems, (e.g., "Detect", "ImPaCT", or "CNS Vital Signs") will require only minor modifications for this purpose. Through brief cognitive assessment prior to deployment followed by screening upon return, the accurate measurement of exposure to blast injury and potential mild TBI will be enhanced. This will reduce the number of false positives (incorrect diagnosis of TBI) and false negatives (failure to diagnose TBI) that occur with post-blast exposure screening only.

—*Care, training and assessment in theatre*.—Staff training for frontline medics will be provided on the battlefield evaluation of concussion and the symptoms of blast injury. This will include development of a concussion tool, utilization of the MACE, and development of protocols for removal from duty to prevent second concussion syndrome. In addition, the battlefield evaluation of post traumatic stress disorder (PTSD) will be included. The clinical guidelines for management will be updated and made available for all trauma specialists. Staffing at Landstuhl Regional Medical Center will be increased to provide brain injury specialist and care coordination. Post Deployment coordination-Screening instruments will be used to screen all returning personnel to determine if further neuropsychological testing is required to make the determination that a brain injury has occurred.

—*Military care and acute management of TBI*.—All programs will follow both JACHO and CARF standards for the treatment and rehabilitation of TBI. At WRAMC, a complete interdisciplinary team of brain injury specialists will be employed to establish a state of the art comprehensive care and neurorehabilitation center. In addition, care coordinators, neuropsychologists and mental health specialists will be integral to the brain injury team. At the Bethesda Naval Hospital, a platform will be provided to establish a state-of-the-art brain injury center. Interdisciplinary brain injury specialist staffing will be provided at every military hospital throughout the country to insure proper

treatment of survivors of TBI. Care coordinators will be stationed at military sites to link services.

—*Specialized care center*.—Four centers will be established across the country to provide complete medical and neurorehabilitation for the most severely brain injured persons. At the centers, patients may stay up to one year for comprehensive Neurorehabilitation and will be provided cutting edge therapies available to maximize any potential for recovery of function. This proposal includes Project Hope in Johnstown that will specialize in stimulating recovery in those patients which are minimally conscious, locked-in, or in a persistent vegetative state.

—*Civilian DVBIC core sites*.—Four community re-entry programs to serve active duty military personnel which require additional treatments prior to returning to active or return to home upon military discharge will be created utilizing state-of-the-art technology and cognitive rehabilitation. These will be in addition to existing sites in Charlottesville, Virginia and Johnstown, Pennsylvania.

—*Care Coordinators*.—These specialists will be responsible for preventing any gaps in care of brain injured service personnel and to maintain the highest level of therapeutic intensity until discharge. The Care Coordinators will cooperate with state and community partners, as well the Reserve and National Guard, for the seamless delivery of services. Every state will have at least one care coordinator specialized for that particular state.

—*Education and Training*.—Despite the overwhelming numbers of service personnel returning with TBI, there has not been a compensatory increase in trained professionals to treat them. Additional healthcare professionals are needed to be trained in order to understand and treat the brain injured service personnel returning from OIF and OEF. This will include training local professionals in rural areas so that they can attend to the needs of head injured veterans and/or participate as a mentor during tele-rehabilitation sessions. Seminars should be held to train care coordinators on the intricacies of the available services in each state. DVBIC will conduct an international meeting of experts in the fields of TBI (including imaging, physiatry, pharmacology, neuro-rehabilitation, neuropsychology, assistive technologies, and molecular biology, etc.) to gather recent treatment modalities, applications, and research to improve outcome in military personnel injured in OIF and OEF.

—*TBI Research*.—There is a current dearth of research in several areas of brain injury therapy. This includes telemedicine-related neuro-rehabilitation, stimulation therapy for patients with disorders of consciousness (DOC), development of neuro-protectants, development of new generations of treatments that would be adjuncts or enhancements for neuro-rehabilitation, and development of application technologies in the areas of imaging, screening, telemedicine, and diagnostics.

—Extramural cooperative program with veterans' organizations, medical, rehabilitation, advocacy, and research communities (e.g., CDC, NIH, NASHIA, BIAA, DAV).

—*Blast Injury Center*.—A center of excellence in research will be established to better define, and understand the patho-physiological impact of blast injury on the brain. The center will conduct research leading to better protective helmets and other technological tools, and to develop treatment materials for better outcomes. The center will collaborate with leading research institutions, universities, biotechnology companies, and pharmaceuticals.

—Providing the administrative structure personnel, benefits, oversight for financial expenditures, and preparation of progress reports and evaluation of programmatic effectiveness.

This plan was produced in anticipation of some $450 million for TBI in the War Supplemental for fiscal year 2007 earlier this spring. The Conference Report to the bill that was vetoed included some $600 million for TBI and PTSD. NBIRTT acknowledges that the final funding level is yet to be determined, but in the meantime supports the work of the DVBIC within this plan. DVBIC would continue to be the center of all DOD and VA coordination efforts and implementation of best practices throughout the wider military and VA systems.

While efforts to make significant system wide changes are underway, we should look to build upon the work that has already been done by the experts currently in the field.

$19.5 million is needed in fiscal year 2008 for the DVBIC

Since the Global War on Terror began, there has not been a steady, consistent, reliable funding stream for the work of the DVBIC. While efforts are underway to gain a permanent commitment from the Pentagon to support this important work,

we urge your support for adequate funding in fiscal year 2008. NBIRTT applauds the work of the Senate Appropriations Subcommittee on Defense to include substantial funding for TBI in the War Supplemental. Ideally, we would like to see a permanent increase in the DOD's POM for TBI so that plus-up requests and supplementals can be used to address emergencies and not basic needs. At this juncture, however, $12.5 million is needed for DVBIC merely to continue research, treatment and training in TBI.

Please support $19.5 million for the DVHIP in the fiscal year 2008 Defense Appropriations bill under AMRMC, Fort Detrick to continue this important program.

Role of State Government in Serving Returning Soldiers with Traumatic Brain Injury

Introduction

Recently, national attention has focused on the need for improved treatment and care for soldiers returning from Iraq and Afghanistan with traumatic brain injuries. Most of this focus has been on the acute and rehabilitation care provided by the Department of Defense and Veterans Brain Injury Center (DVBIC), the Veterans Administration (VA) Polytrauma Rehabilitation Centers and the VA health care system. Congressional hearings have also been held on transitioning between and among these programs through care coordinators who have been placed within key programs of these systems. While this attention is certainly well deserved, little commentary has been provided on those soldiers who require long-term care, services and community supports offered by state and local governmental programs.

Thus, this paper has been developed to initiate discussion and to further collaboration among all federal, state and local entities that may be involved in some aspect of assessment and identification, rehabilitation, long-term care, service coordination, community and family supports for individuals who are serving in our military and are at risk of experiencing the consequences of a traumatic brain injury (TBI), as well as other co-occurring conditions (Post Traumatic Stress Disorder and substance abuse). The intent is to ensure that returning soldiers receive the necessary services in a coordinated fashion, and that all local, state and federal resources are maximized and used effectively.

Background

Over the past 20 years, several states have developed service delivery systems to meet the needs of individuals with traumatic brain injury and their families. These systems generally offer information and referral, service coordinators, rehabilitation, in-home support, personal care, counseling, transportation, housing, vocational and return to work and other support services that are funded by state appropriations, designated funding (trust funds), Medicaid and by programs under the Rehabilitation Act. These services may be administered by programs located in the state public health, vocational rehabilitation, mental health, Medicaid, developmental disabilities or social services agencies.

To help states to further expand, improve and coordinate service delivery the TBI Act of 1996, as amended in 2000, provides federal funding to the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) for the State Grant Program. Currently, almost all states receive TBI Act funding. The federal program also contracts with the National Association of State Head Injury Administrators (NASHIA) to provide technical assistance to states through the TBI Technical Assistance Center, which has also become a clearinghouse of information and materials available to assist states in developing "best practices". NASHIA was created in the early 1990s by state government employees responsible for public brain injury policies, programs and services.

How can states help returning soldiers?

State TBI programs can help families, soldiers and the VA to identify or screen for traumatic brain injury, assess needs of soldiers with traumatic brain injury, provide information on TBI and available resources, and provide and coordinate services. Of particular concern to states are soldiers, who may not be initially identified by the VA system, yet experience the consequences of a traumatic brain injury long after they return home. As a result, state TBI and disability systems may be the point of contact for information and referral for these families and returning soldiers. Some of these returning soldiers may not be affiliated with military installations and, therefore, may not seek health care from the VA, but rather from their own family care physician. Their physicians may not even know to inquire about their time in Iraq or Afghanistan to determine if their symptoms could possibly be

stemming from a TBI, or even to be able to distinguish TBI from Post Traumatic Stress Disorders (PTSD).

Combined screening for TBI and PTSD could be especially beneficial and should be considered by all potentially involved agencies, since the symptoms overlap, the treatments differ, and both can be seriously disabling. Through collaboration among state and local mental health and substance abuse programs, TBI state programs may be able to promote collaborative screening efforts.

There are a few states that are addressing the needs of returning soldiers from various angles. Two states, New York and Massachusetts, are currently conducting efforts to identify soldiers with TBI and link them to needed resources and services. Both of these states are using federal grant funds administered by the U.S. Health Resources and Services Administration (HRSA) for these efforts. In Massachusetts the Statewide Head Injury Program under the Brain Injury & Statewide Specialized Community Services Department, known as SHIP, administered by the Massachusetts Rehabilitation Commission is partnering with the Veterans Administration, Veterans Organizations, TBI providers and the Brain Injury Association of Massachusetts in conducting outreach, information and referral services.

Other state TBI programs that offer service coordination and array of support services are collaborating with their state Veterans Commissions and the National Guard to solve individual problems. States are also fielding calls from families, participating in state conferences on PTSD and TBI, and at least one state vocational rehabilitation agency has entered into a MOU with the Veterans Administration. Several groups have also developed materials on TBI for returning soldiers, including Massachusetts and New York.

Recommendations

Collaboration among states, NASHIA, federal agencies (DVBIC, VA and Centers for Disease Control and Prevention) and military branches should include:

—Developing and disseminating screening questions to help alert families and soldiers that have symptoms associated with TBI, who have not been previously identified. These efforts should be coordinated with efforts to screen for PTSD and substance abuse problems.

—Disseminating information on available state and community resources and supports, including state TBI service coordinators who coordinate a myriad of federal and state resources to support individuals to live and work in the community.

—Training and disseminating information on TBI as the result of war-related injuries to civilian medical providers, local physicians, social workers and mental health community centers.

—Availing existing resources, such as telerehabilitation programs that provide evaluation and expertise to providers in rural areas, family support information and resources, family training, etc.

—Communicating and partnering with state advisory boards on TBI and lead state agencies as to the needs of returning soldiers who may not be accessing the VA, but may be in need of the array of community and family supports, in order for states to plan and address how to meet those needs.

—Communicating and partnering with state task forces on the needs of returning soldiers to ensure that TBI, as well as PTSD and substance abuse are included in these deliberations.

—Partnering with all veterans and state brain injury systems to pool and maximize state and federal resources to ensure that resources are available when their family member returns home.

For further information contact Kenneth H. Currier, Executive Director, NASHIA at 301–656–3500 or khcurrier@nashia.org.

Senator INOUYE. Our next witness is Dr. Andrew Pollack of the American Academy of Orthopedic Surgeons, together with Ms. Kimberly Dozier of CBS News.

STATEMENT OF DR. ANDREW N. POLLACK, M.D., ORTHOPEDIC SURGEON, UNIVERSITY OF MARYLAND MEDICAL CENTER AND CHAIR, EXTREMITY WAR INJURIES PROJECT TEAM, AMERICAN ACADEMY OF ORTHOPEDIC SURGEONS

ACCOMPANIED BY KIMBERLY DOZIER, CBS NEW CORRESPONDENT

Mr. POLLACK. Mr. Chairman, thank you for the opportunity to testify today. I'm Andy Pollack, an orthopedic surgeon in shock

trauma at the University of Maryland Medical Center in Baltimore. I represent the American Academy of Orthopedic Surgeons and our special effort to advocate for the peer-reviewed orthopedic extremities research program.

This critical program is operated by the Defense Department. I'm fortunate to be accompanied today by CBS News correspondent, Kimberly Dozier. She's one of those rare individuals willing to put herself in harm's way to chronicle the work of our American servicemen and women in Iraq. She's an inspiration on many different levels, and I'm one of the many surgeons who's had the privilege to have worked with her. Please allow me to introduce Kimberly Dozier.

Ms. DOZIER. Mr. Chairman, amputation, debridement, acinetobacter, and heterotrophic ossification, there are words that I never wanted to learn, much less experience. But a 500-pound car bomb last Memorial Day changed that. My rapid-fire education started in Baghdad, as it does for so many injured troops.

More than 80 percent of the wounded coming out of Iraq and Afghanistan have injuries exactly like mine, and more of us are surviving than ever before in any other conflict and medical miracles are happening every day. The fact that I'm here is testament to that.

But that also means that we are living long enough to develop secondary conditions that doctors have rarely seen before, much less done research on how to treat. Now, some of them you've heard of. In terms of amputation, they thought they would have to take off one or both of my legs, but they took a chance. One of my legs, by the time I'd reached Landstuhl, had turned black. They gave it an extra day and it proved that it could work, came back. The next time they see a situation like mine, they might give it another 24 to 48 hours before taking the limb off.

Debridement is what they did to the burned tissue from my hips to my ankles, courtesy of the 130 millimeter round illumination shell that made up the bulk of the car bomb. Now, it's a process of removing dead tissue from the living, but it depends on the instincts of each particular surgeon to decide what's viable and what's not. The fact that the surgeons, in my case, were able to salvage much of the quads in my femurs, means that I can walk and run almost normally. You get a different surgeon, you get a different outcome, and that all depends on their research.

Acinetobacter is a normally harmless bacteria found in Iraqi soil and throughout Europe, but give it in—blow it into the injuries of an immune-compromised person and it can become deadly. It's multidrug resistant. In my case, as in the case of many of the troops I've met, I had to choose between continuing on the one medication that treats it, but risking losing my kidneys, to which this drug is toxic, or going off of the drug and hoping for the best. In my case, I was lucky, my body fought back and I kept my kidneys.

Heterotrophic ossification—say that 10 times fast—we don't know why the body does it, but when it heals bones shattered by blasts, it often goes a little haywire, and the bones keep going, keep healing, turning into coral that spikes into your muscles. The only way to take it out right now, is to chisel it out and that means a

second long-term surgery and it doesn't mean the bone won't come back. Then you've got to radiate the area, that's more risk.

Now, all of that was fairly easy to fix, in my case. I was lucky. The two soldiers on either side of me had it much worse. Sergeant Justin Ferrar had his knee, part of it blown out. They had to put in a cadaver's patella. That means you've got to immobilize the leg for a long time. Justin is still using a cane, I'm not. Staff Sergeant Reed, on the other side of me, he got his knee blown out. In a normal situation you could do total knee replacement. In a blast injury, that doesn't work. There's too much infection. He had to choose between having one solid leg or amputation. He chose amputation so he could go back to active duty.

Now, these are the battles troops face when they come home, and the battles that the medical profession is fighting on our behalf, and they need your help. Thank you.

Mr. POLLACK. As you heard from Ms. Dozier, over 80 percent of war injuries now involve the extremities, often severely mangled and multiple injuries to the arms and legs. As in Kimberly's case, most wounds are caused by exploding ordinance. This targeted research program is desperately needed to provide information that will lead to improvement in quality of life for our injured heroes. The funding you provide is being well spent. The new knowledge we gain advances our ability to better understand and better treat these serious injuries.

Mr. Chairman, you've recognized the urgent need to support this important peer-reviewed program over the past 2 years and most recently in the fiscal year 2007 supplemental appropriations bill, and we're most grateful for that support. Based on the level of scientific need and the amount of unfunded research still outstanding, our goal is to see this program receive an operating level of $50 million per year. We most sincerely thank you and the entire subcommittee for your vision and leadership in responding to this appeal. We strongly urge your continued support.

Senator INOUYE. As one who has some experience in this area, I can assure you of our support.

But with all the medical miracles that we are now experiencing and enjoying, one has caused us much trouble. For example, in World War II, it took a little while to be evacuated.

In my case, I left the front at 3 o'clock in the afternoon and I was in the field hospital at midnight. Today, the same injury very likely would be in a hospital within 30 minutes. As a result, many, many survive, unlike World War II, they did not survive. In my hospital, I can recall only one double amputee. Double amputations are commonplace now, and I agree with you. Our personnel is inadequate, our resources are inadequate, and we will do what you say is right.

Thank you very much, Ms. Dozier.

Mr. POLLACK. Thank you, Mr. Chairman.

[The statement follows:]

PREPARED STATEMENT OF ANDREW N. POLLAK, M.D.

Chairman Inouye, Vice Chairman Stevens, Members of the Senate Defense Appropriations Subcommittee, thank you for the opportunity to testify today. I am Andrew N. Pollak, M.D., and I speak today on behalf of the American Academy of Orthopaedic Surgeons (AAOS), of which I am an active member, as well as on behalf

of military and civilian orthopaedic surgeons involved in orthopaedic trauma research and care.

I am Chair of the Academy's Extremity War Injuries and Disaster Preparedness Project Team, immediate past-chair of its Board of Specialty Societies, and a subspecialist in orthopaedic traumatology. I am Associate Director of Trauma and Head of the Division of Orthopaedic Traumatology at the R Adams Cowley Shock Trauma Center and the University of Maryland School of Medicine. My Division at Shock Trauma is responsible for providing education and training in orthopaedic traumatology to residents from eight separate training programs nationally, including the Bethesda Naval, Walter Reed Army and Tripler Army orthopaedic residency programs. In addition, Shock Trauma serves as the home for the Air Force Center for Sustainment of the Trauma and Readiness Skills (CSTARS) program. I also serve as a Commissioner on the Maryland Health Care Commission and on the Board of Directors of the Orthopaedic Trauma Association.

Accompanying me is CBS News Correspondent Kimberly Dozier, who is recovering from severe wounds to her legs and head. Kimberly sustained these extremity injuries last Memorial Day on the streets of Baghdad while covering American soldiers on patrol with Iraqi security forces. She had been imbedded with the Army's 4th Infantry Division. The patrol was the victim of a car bombing which critically injured Kimberly and killed her cameraman, soundman, a U.S. Army captain they were following and his Iraqi translator.

As one of the many doctors who have worked with Kimberly, I am happy to say her recovery is progressing well. She is one of those rare individuals willing to put herself in harm's way to chronicle the work of our brave American servicemen and women in Iraq.

Please allow me to take this opportunity today to thank the Members of this Subcommittee for your vision and leadership in providing significant new funding for the Peer Reviewed Orthopaedic Extremity Trauma Research Program in the fiscal year 2007 Supplemental Appropriations Bill and urge your continued support for this critical effort in the future.

I will discuss the spectrum of orthopaedic trauma being sustained by U.S. military personnel in Iraq and Afghanistan and offer a perspective on the importance of orthopaedic extremity research in providing new clinical knowledge that will enable improved treatments for soldiers suffering from orthopaedic trauma. Finally, I will provide an update on the progress of the Peer Reviewed Orthopaedic Extremity Trauma Research Program, which is administered by the Medical Research and Materiel Command's U.S. Army Institute of Surgical Research (USAISR).

It is important to point out that unique to this conflict is a new type of patient, a warfighter with multiple and severely mangled extremities who is otherwise free of life-threatening injury to the torso because of improvements in protective body armor. Current challenges that often compound the injuries include serious infections due to the nature of the injuries and the environment where they are sustained, the need for immediate transport for more complex surgery, the need for better medical understanding of the internal effects of blast injury, and the need for a joint service database that encompasses the multilevel spectrum of orthopaedic extremity injury care.

Orthopaedic Trauma from Operation Iraqi Freedom and Operation Enduring Freedom

The likelihood of surviving wounds on the battlefield was 69.7 percent in WWII and 76.4 percent in Vietnam. Now, thanks in part to the use of body armor, "up-armored" vehicles, intense training of our combat personnel and surgical capability within minutes of the battlefield, survivability has increased dramatically to 90.2 percent as of February 2007.

The Armed Forces are attempting to return significantly injured soldiers to full function or limit their disabilities to a functional level in the case of the most severe injuries. The ability to provide improved recovery of function moves toward the goal of keeping injured soldiers part of the Army or service team. Moreover, when they do leave the Armed Forces, these rehabilitated soldiers have a greater chance of finding worthwhile occupations outside of the service to contribute positively to society. The Army believes that it has a duty and obligation to provide the highest level of care and rehabilitation to those men and women who have suffered the most while serving the country and our Academy fully supports those efforts.

It probably comes as no surprise that the vast majority of trauma experienced in Iraq and Afghanistan is orthopaedic-related, especially upper and lower extremity and spine. A recent article in the Journal of Orthopaedic Trauma reports on wounds sustained in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) based on data from the Joint Theater Trauma Registry, a database of medical

treatment information from theater of combat operations at U.S. Army medical treatment facilities. From October, 2001 through January, 2005, of 1,566 soldiers who were injured by hostile enemy action, 1,281 (82 percent) had extremity injuries, with each solider sustaining, on average, 2.28 extremity wounds. These estimates do not include non-American and civilians receiving medical care through U.S. military facilities. (Owens, Kragh, Macaitis, Svoboda and Wenke. Characterization of Extremity Wounds in Operation Iraqi Freedom and Operation Enduring Freedom. J Orthopaedic Trauma. Vol. 21, No. 4, April 2007. 254–257.)

An earlier article reported on 256 battle casualties treated at the Landstuhl Regional Medical Center in Germany during the first two months of OIF, finding 68 percent sustained an extremity injury. The reported mechanism of injury was explosives in 48 percent, gun-shot wounds in 30 percent and blunt trauma in 21 percent. As the war has moved from an offensive phase to the current counter-insurgency campaign, higher rates of injuries from explosives have been experienced. (Johnson BA. Carmack D, Neary M, et al. Operation Iraqi Freedom: the Landstuhl Regional Medical Center experience. J Foot Ankle Surg. 2005; 44:177–183.) According to the JTTR, between 2001 and 2005, explosive mechanisms accounted for 78 percent of the war injuries compared to 18 percent from gun shots.

While medical and technological advancements, as well as the use of fast-moving Forward Surgical Teams, have dramatically decreased the lethality of war wounds, wounded soldiers who may have died in previous conflicts from their injuries are now surviving and have to learn to recover from devastating injuries. While body armor does a great job of protecting a soldier's torso, his or her extremities are particularly vulnerable during attacks.

Characteristics of Military Orthopaedic Trauma

At this point we are approaching 40,000 casualties in the Global War on Terror. As mentioned earlier, the vast majority have injuries to their extremities—often severe and multiple injuries to the arms, legs, head and neck. Most wounds are caused by exploding ordinance—frequently, improvised explosive devices (IEDs), rocket-propelled grenades (RPGs), as well as high-velocity gunshot wounds. Military surgeons report an average of 3 wounds per casualty.

According to the New England Journal of Medicine, blast injuries are producing an unprecedented number of "mangled extremities"—limbs with severe soft-tissue and bone injuries. ("Casualties of War—Military Care for the Wounded from Iraq and Afghanistan," NEJM, December 9, 2004). The result of such trauma is open, complex wounds with severe bone fragmentation. Often there is nerve damage, as well as damage to tendons, muscles, vessels, and soft-tissue. In these types of wounds, infection is often a problem. According to the JTTR, 53 percent of the extremity wounds are classified as penetrating soft-tissue wounds, while fractures compose 26 percent of extremity wounds. Other types of extremity wounds composing less than 5 percent each are burns, sprains, nerve damage, abrasions, amputations, contusions, dislocations, and vascular injuries.

Military versus Civilian Orthopaedic Trauma

While there are similarities between orthopaedic military trauma and the types of orthopaedic trauma seen in civilian settings, there are several major differences that must be noted.

With orthopaedic military trauma, there are up to five echelons of care, unlike in civilian settings when those injured are most likely to receive the highest level of care immediately. Instead, wounded soldiers get passed from one level of care to the next, with each level of care implementing the most appropriate type of care in order to ensure the best possible outcome. The surgeon in each subsequent level of care must try to recreate what was previously done. In addition, a majority of injured soldiers have to be "medevaced" to receive care and transportation is often delayed due to weather or combat conditions. It has been our experience that over 65 percent of the trauma is urgent and requires immediate attention.

Injuries from IEDs and other explosive ordnance in Iraq and Afghanistan differ markedly from those of gunshot wounds sustained in civilian society. The contamination, infection and soft-tissue injury caused by exploding ordnance requires more aggressive treatment and new techniques, especially when the individual is in proximity to the blast radius.

Soldiers are usually in excellent health prior to injury. However, through the evacuation process they may not be able to eat due to medical considerations resulting in impaired body nitrogen stores and decreased ability to heal wounds and fight infections. This presents many complicating factors when determining the most appropriate care.

The setting in which care is initially provided to wounded soldiers is less than ideal, to say the least, especially in comparison to a sterile hospital setting. The environment, such as that seen in Iraq and Afghanistan, is dusty and hot, leading to concerns about sterilization of the hospital setting. For example, infection from acinetobacter baumanni, a ubiquitous organism found in the desert soil of Afghanistan and Iraq, is extremely common. In addition, the surgical environment is under constant threat of attack by insurgents. Imagine teams of medical specialists working in close quarters to save an injured serviceman while mortars or rockets are raining down on the hospital. In fact, a considerable percentage of the care provided by military surgeons is for injured Iraqis, both friendly and hostile. Finally, the surgical team is faced with limited resources that make providing the highest level of care difficult.

While, as I have stated, there are many unique characteristics of orthopaedic military trauma, there is no doubt that research done on orthopaedic military trauma benefits trauma victims in civilian settings. Many of the great advancements in orthopaedic trauma care have been made during times of war, such as the external fixateur, which has been used extensively during the current conflict as well as in civilian care.

Future Needs of Orthopaedic Extremity Trauma Research

An important development in this scientific effort has been the convening of two major Extremity War Injury Symposia in January of 2006 and 2007. These widely attended medical conferences in Washington, D.C. brought together leading military and civilian clinicians and researchers to focus on the immediate needs of personnel sustaining extremity injuries. Presentations and discussions at the conferences confirmed that there is tremendous interest in the military and civilian research community and much unmet research capacity in the nation at military and civilian research institutions.

These extraordinary scientific meetings were a partnership effort between organized orthopaedic surgery, military surgeons and industry. They were attended by key military and civilian physicians and researchers committed to the care of extremity injuries. The first conference addressed current challenges in the management of extremity trauma associated with recent combat in Iraq and Afghanistan. The major focus was to identify opportunities to improve the care for the sons and daughters of America who have been injured serving our nation. The second focused on the best way to deliver care at all five of the military's echelons of treatment. Proceedings from the 2006 symposia were published by our Academy last year and the proceedings from the 2007 meeting will be published shortly. Both include a list of prioritized research needs which I will summarize:

—*Timing of Treatment*.—Better data are necessary to establish best practices with regard to timing of debridement, timing of temporary stabilization and timing of definitive stabilization. Development of animal models of early versus late operative treatment of open injuries may be helpful. Prospective clinical comparisons of treatment groups will be helpful in gaining further understanding of the relative role of surgical timing on outcomes.

—*Techniques of Debridement*.—More information is necessary about effective means of demonstrating adequacy of debridement. Current challenges, particularly for surgeons with limited experience in wound debridement, exist in understanding how to establish long-term tissue viability or lack thereof at the time of an index operative debridement. Since patients in military settings are typically transferred away from the care of the surgeon performing the initial debridement prior to delivery of secondary care, opportunities to learn about the efficacy of initial procedures are lost. Development of animal models of blast injury could help establish tissue viability markers. Additional study is necessary to understand ideal frequencies and techniques of debridement.

—*Transport Issues*.—Clinical experience suggests that current air evacuation techniques are associated with development of complications in wound and extremity management although the specific role of individual variables in the genesis of these complications is unclear. Possible contributing factors include altitude, hypothermia and secondary wound contamination. Clinical and animal models are necessary to help develop an understanding of transport issues. Development, testing and approval of topical negative pressure devices for use during aeromedical transport should be facilitated.

—*Coverage Issues*.—Controlled studies defining the role of timing of coverage in outcome following high-energy extremity war injuries are lacking. Also necessary is more information about markers and indicators to help assess the readiness of a wound and host for coverage procedures. Both animal modeling

and clinical marker evaluation are necessary to develop understanding in this area.

—*Antibiotic Treatments*.—Emergence of resistant organisms continues to provide challenges in the treatment of infection following high-energy extremity war injuries. Broader prophylaxis likely encourages development of antibiotic resistance. In the context of a dwindling pipeline of new antibiotics, particularly those directed toward gram-negative organisms, development of new technologies to fight infection is necessary. This patient population offers opportunity to assess efficacy of vaccination against common pathogens. Partnerships with infectious disease researchers currently involved in addressing similar questions should be developed.

—*Management of Segmental Bone Defects*.—A multitude of different techniques for management of segmental bone defects is available. These include bone transport, massive onlay grafting with and without use of recombinant proteins, delayed allograft reconstruction, and acute shortening. While some techniques are more appropriate than others after analysis of other clinical variables, controlled trials comparing efficacy between treatment methods are lacking. Variables that may affect outcome can be grouped according to patient characteristics including co-morbidities, injury characteristics including severity of bony and soft-tissue wounds, and treatment variables including method of internal fixation selected. Evaluation of new technologies for treatment of segmental bone defects should include assessment of efficacy with adequate control for confounding variables and assessment of cost-effectiveness.

—*Development of an Animal Model*.—A large animal survival military blast injury model is necessary to serve as a platform for multiple research questions including: VAC v. bead pouch v. dressing changes; wound cleaning strategy; effect of topical antibiotics; modulation of inflammatory response; timing of wound closure; and vascular shunt utilization.

—*Amputee Issues*.—Development and validation of "best practice" guidelines for multidisciplinary care of the amputee is essential. Treatment protocols should be tested clinically. Studies should be designed to allow for differentiation between the impacts of the process versus the device on outcome. Failure mode analysis as a tool to evaluate efficacy of treatment protocols and elucidate shortcomings should be utilized. Clinically, studies should focus on defining requirements for the residual limb length necessary to achieve success without proceeding to higher level amputation. Outcomes based comparisons of amputation techniques for similar injuries and similar levels should be performed. Use of local tissue lengthening and free tissue transfer techniques should be evaluated. In the context of current results and increasing levels of expectation for function following amputation, development of more sensitive and military appropriate outcomes monitors is necessary.

—*Heterotopic Ossification*.—This condition, known as "H.O." by the many soldiers who experience it, is abnormal and uncontrolled bone growth that often occurs following severe bone destruction or fracture. Animal models of heterotopic ossification should be utilized to develop early markers for heterotopic ossification development that could identify opportunities for prevention. Better information is needed about burden of disease including prevalence following amputation for civilian versus military trauma and frequency with which symptoms develop. Treatment methods such as surgical debridement, while effective, necessarily interrupt rehabilitation. Prevention could expedite recovery and potentially improve outcome.

—*Data Collection System*.—A theme common to virtually all discussions on research and patient care for our soldiers has been the need for access to better longitudinal patient data. Current patient care processes both in theatre and at higher echelon care centers do not include data captured in a way that allows simple electronic linkage of medical records from one level of care to the next. At least two electronic medical records systems are in use, and they are not necessarily compatible with one another. Any electronic medical record used should be web based to allow for linkage of patient data from the earliest echelon of documented care through the VA system. The system must be user friendly and not cumbersome to encourage entry of information critical to outcomes analysis. An example of one system with some of the necessary components is the current Joint Patient Tracking Application (JPTA). The system unfortunately lacks integration with a trauma registry or database to allow for retrospective or prospective analyses of specific injuries and treatments. Funding is necessary for platform development, information systems infrastructure and data entry personnel.

Stories from the frontlines

There have been many heroic stories of injured soldiers struggling to regain function and to return to normal life, or even back to service. A story highlighted in a March 2005 National Public Radio (NPR) series titled "Caring for the Wounded: The Story of Two Marines," followed two Marines injured in Iraq: 1st Sgt. Brad Kasal and Lance Cpl. Alex Nicoll. Lance Cpl. Nicoll had to have his left leg amputated as a result of his injuries from gunshot wounds. Nicoll has undergone physical therapy at Walter Reed to adjust to his new prosthetic leg, made from graphite and titanium. While Sgt. Kasal was so seriously injured that he lost four inches of bone in his right leg, due to medical advances in limb salvaging, he did not have to have his leg amputated. Kasal underwent a bone growth procedure, called the Illizarov Technique, which grows the bone one millimeter a day.

The Iraq war has created the first group of female amputees. Lt. Dawn Halfaker is one of approximately 11 military women who have lost limbs from combat injuries in Iraq, compared to more than 350 men. She lost her arm to a life- threatening infection, after sustaining major injuries, along with another soldier, when on a reconnaissance patrol in Baqouba, Iraq, a rocket-propelled grenade exploded inside her armored Humvee. Maj. Ladda "Tammy" Duckworth lost both legs when a rocker-propelled grenade slammed into her Black Hawk helicopter near Balad. Juanita Wilson, an Army staff sergeant, lost her left hand when an improvised bomb exploded near her Humvee on a convoy mission north of Baghdad. All three women are successfully moving forward in military or civilian careers.

Bone problems, seldom seen in soldiers from previous wars who have lost limbs, have complicated recoveries for Iraq and Afghanistan-stationed soldiers. Heterotopic ossification has developed in nearly 60 percent of the first 318 amputees treated at Walter Reed Army Medical Center. Over 70 patients from across the military have been treated for H.O. at Brooke Army Medical Center. Rarely occurring in civilian amputees, high-intensity blasts, which can shred muscles, tendons and bone, appears to stimulate adult stem cells to heal damage, but repair signals often go awry. Advances in body armor resulting in higher survival rates and ability to preserve more damaged tissue, have lead to the high number of "H.O." cases where little research exists on how to treat the condition among amputees. ("Bone condition hampers soldiers' recovery," USA TODAY, February 12, 2006.)

These stories clearly illustrate the benefits of, and need for, orthopaedic extremity trauma research for America's Soldiers, Sailors, Airmen and Marines.

The Peer Reviewed Orthopaedic Extremity Trauma Research Program

Your Congressional action initiated this targeted, competitively-awarded research program where peer reviewers score proposals on the degree of (1) military relevance, (2) military impact, and (3) scientific merit. Military orthopaedic surgeons are highly involved in determining the research topics and evaluating and scoring the proposals. This unique process ensures that research projects selected for funding have the highest chance for improving treatment of battlefield injuries. The AAOS and military and civilian orthopaedic surgeons and researchers are very grateful that your Subcommittee created the Peer Reviewed Orthopaedic Extremity Trauma Research Program in the fiscal year 2006 Defense Appropriations Bill. The program is administered by the Medical Research and Material Command's research program at the U.S. Army Institute of Surgical Research (USAISR) at Fort Sam Houston, Texas. This is the first program created in the Department of Defense dedicated exclusively to funding peer-reviewed intramural and extramural orthopaedic trauma research. Having the program administered by the USAISR ensures that the research funding follows closely the research priorities established by the Army and the Armed Forces, and ensures collaboration between military and civilian research facilities. USAISR has extensive experience administering similar grant programs and is the only Department of Defense Research laboratory devoted solely to improving combat casualty care.

The design of the program fosters collaboration between civilian and military orthopaedic surgeons and researchers. Civilian researchers have the expertise and resources to assist their military colleagues with the growing number of patients and musculoskeletal war wound challenges, to build a parallel research program in the military. Civilian investigators are interested in advancing the research and have responded enthusiastically to engage in these efforts, which will also provide wide ranging spin-off benefits to civilian trauma patients as well.

It is important to note that military orthopaedic surgeons, in addition to personnel at the U.S. Army Medical Research and Materiel Command, Fort Detrick, have had significant input into the creation of this program and fully support its goals. Appropriations for this program are building a stronger focus of a core mis-

sion in the military to dedicate Department of Defense research resources to injured soldiers.

The program's first Broad Agency Announcement (BAA) for grants was released on February 13, 2006, and identified the following basic, transitional and clinical research funding priorities: improved healing of segmental bone defects; improved healing of massive soft tissue defects; improved wound healing; tissue viability assessment and wound irrigation and debridement technologies; reduction in wound infection; prevention of heterotopic ossification; demographic and injury data on the modern battlefield and the long-term outcomes of casualties (i.e. joint theatre trauma registry); and improved pre-hospital care of orthopaedic injuries.

Close to 100 pre-proposals were received for consideration, with 76 invited to compete with a full proposal. This number is relatively high considering the shortened time period that was available for submitting pre-proposals. An upper limit of $500,000 was established for any one grant, to give a reasonable number of grantees an opportunity to participate. Ordinarily grants would generally be awarded for much higher amounts to support the research required. Larger multi-institutional studies had to limit what they were proposing.

Sixty proposals were evaluated and found meritorious and militarily relevant, however only 14 grants could be funded for their first year of research based on available funding. The amount that would have been needed to fund the remaining 46 grants totals $44,852,549.

A second BAA was issued March 29, 2007 based on funding provided in the fiscal year 2007 Appropriations bill. USAISR staff estimate that only an additional 4 or 5 grants will be awarded after second-year costs of the initial multi-year grants are covered. If the fiscal year 2007 Supplemental Appropriations Bill is enacted, significant new funding would allow for a broader scope of work and multi-institutional collaboration.

Conclusion

With orthopaedic trauma being the most common form of trauma seen in military conflicts, it is crucial that there be funding dedicated specifically to the advancement of orthopaedic trauma research. The AAOS has worked closely with the top military orthopaedic surgeons, at world-class facilities such as the U.S. Army Institute of Surgical Research, Brooke Army Medical Center, and Walter Reed Army Medical Center to identify the gaps in orthopaedic trauma research and care and the needs are overwhelming.

There is a profound need in the nation for this targeted medical research to help military surgeons find new limb-sparing techniques to save injured extremities, avoid amputations and preserve and restore the function of injured extremities. Research supported by civilian agencies such as the National Institutes of Health has contributed to the general orthopaedic science base over the years, but the current war has presented orthopaedic surgeons with a unique situation with very specific new problems and injuries not seen in civilian medical practice. Thus the urgent need for an immediate, robust and targeted effort to improve care for our injured service men and women.

I hope that I have given you a well-rounded perspective on the extent of what orthopaedic trauma military surgeons are seeing and a glimpse into the current and future research for such trauma. Military trauma research currently being carried out at military facilities, such as WRAMC and the USAISR, and at civilian medical facilities, is vital to the health of our soldiers and to the Armed Forces' objective to return injured soldiers to full function in hopes that they can continue to be contributing soldiers and active members of society.

The 17,000 members of our Academy thank you for sustaining the Peer Reviewed Orthopaedic Extremity Trauma Research Program this year. While Congress funds an extensive array of medical research through the Department of Defense, with over 80 percent of military trauma being orthopaedic-related, no other type of medical research would better benefit our men and women serving in the Global War on Terror and in future conflicts. Especially because this program is only in its early stage, continuity is critical to its success.

Mr. Chairman and Mr. Vice Chairman, the American Academy of Orthopaedic Surgeons, as well as the entire orthopaedic community, stands ready to work with this Subcommittee to identify and prioritize research opportunities for the advancement of orthopaedic trauma care. Military and civilian orthopaedic surgeons and researchers are committed to advancing orthopaedic trauma research that will benefit the unfortunately high number of soldiers afflicted with such trauma and return them to full function. We applaud the action taken by your Committee in the fiscal year 2007 Supplemental Appropriations to provide significantly increased funding to cover the backlog of unfunded research capacity. This investment to improve treat-

ment for our soldiers will be well spent. It is imperative that the federal government—when establishing its defense health research priorities in the future—continue to ensure that orthopaedic extremity trauma research remains a top priority.

Senator INOUYE. And now may I call upon, Rear Admiral Casey Coane, United States Navy, retired, Executive Director Naval Reserve Association.

Admiral, welcome, sir.

STATEMENT OF REAR ADMIRAL CASEY W. COANE, UNITED STATES NAVY (RETIRED), EXECUTIVE DIRECTOR, NAVAL RESERVE ASSOCIATION

Admiral COANE. Chairman Inouye, on behalf of our 23,000 members and in advocacy for the 70,000 Navy Reservists serving today, it is certainly our privilege to appear before you today and we appreciate this opportunity.

There are a number of issues that are on the Navy unfunded and Navy Reserve unfunded list that, we believe, deserve your attention. And, we have indicated those in our written testimony. I'm going to use my time today to address just one that we consider critical, in terms of capability for the Navy to carry out its mission.

That issue is the continuing purchase of the C–40 Clipper aircraft, which is scheduled to replace the remaining 17 DC–9 series aircraft that currently average more than 31 years of service. The C–40 is significantly more capable with respect to payload, fuel efficiency, and range. These aircraft and the Navy C–130s are the sole source of Navy organic intra-theater airlift. They are all fully scheduled to support time-critical Navy missions. Unfortunately, procurement has been deferred in the budgetary process, with only four anticipated to be purchased between now and fiscal year 2013.

This is where you can help. The Navy has a habit of prioritizing its front-line carrier strike aircraft high and all other aircraft much lower on the ladder. The result is a continuing shift of those other programs to the right in the budget years until a true crisis or a tipping point finally overwhelms us. That is exactly what happened to the P–3 replacement program, and the entire Reserve P–3 community was dismantled to keep the Active Force flying until the new P–8 can arrive. The bottom line is, the company is accepting risk in that program. We are on the verge of the same sort of crisis in the DC–9/C–40 replacement program, which directly affects combat effort, and we ask you to intervene.

Last week, I asked Secretary Winter what the Navy needed to do to get out of this cycle of continued deferment. And, he responded that the Navy needed a comprehensive aircraft procurement plan like the 30-year ship building plan that is receiving a lot of acclaim here. That plan, the naval aviation capabilities 2030 plan, is in development, but we won't have it in time to solve this problem.

Allow me to tick off just a few of the facts of the DC–9 program. It is fragile. They are old, 31-plus years. Commercial airlines get rid of their aircraft—and I was a commercial airline pilot—they get rid of their aircraft at 20 years, partly because of cycles accumulated, but primarily because at that point in the life cycle the maintenance cost curves turn sharply upward.

That is what accelerated the departure of the Navy F–14 fighter—maintenance costs. A recent inspection of the DC–9 resulted in

an unplanned strike of that aircraft and more will follow. Between 2009 and 2012, they will all be noncompliant with European airspace requirements. And the cost to make them compliant is truly prohibitive, new engines, new avionics, et cetera. This will take the aircraft out of the Mediterranean theater where we have permanent detachments now. This is a huge issue.

The DC–9 cannot operate in Iraq in the summer heat, the C–40 can. The DC–9 cannot cross the African continent unrefueled as Ambassador Negroponte recently found out, the C–40 can. The DC–9 frequently cannot make the leg from Hawaii to Japan against the wind with any kind of meaningful load, the C–40 has no such restrictions. DC–9 pilot training is done in the aircraft using nearly 50 percent of its flight ability. Almost 100 percent of C–40 training is done in the simulators, saving millions of dollars and allowing 95 percent of its availability for mission scheduling.

We urge you to purchase at least four C–40 aircraft in the fiscal year 2008 budget cycle. That is our testimony subject to your questions, sir.

Senator INOUYE. Admiral, we understand your problem very well because this subcommittee is now faced with many procurement problems.

For example, it has nothing to do with the Naval Reserves, but in the supplemental appropriations bill, which we are now considering, there's $1 billion for the purchase of Humvees. And in the fiscal year 2008 bill, there's a request for $2.9 billion for Humvees. Last week, the Acting Navy Secretary announced that they will replace all Humvees with MRAPs. So, where do we stand, do we keep Humvees or do we have MRAPs? And who's going to pay for the MRAPs?

So, your problem is one of many with us, but we will try our best to resolve them.

Admiral COANE. Yes, sir, we appreciate that consideration.

Senator INOUYE. Thank you.

[The statement follows:]

PREPARED STATEMENT OF REAR ADMIRAL CASEY W. COANE

THE NAVY RESERVE ASSOCIATION

The Naval Reserve Association traces its roots back to 1919, and is devoted solely to service to the Nation, Navy, the Navy Reserve and Navy Reserve officers and enlisted. It is the premier national education and professional organization for Navy Reserve personnel, and the Association Voice of the Navy Reserve.

Full membership is offered to all members of the services and Naval Reserve Association members come from all ranks and components.

The Association has just under 23,000 members from all fifty states. Forty-five percent of the Naval Reserve Association membership is drilling and active reservists and the remaining fifty-five percent are made up of reserve retirees, veterans, and involved civilians. The National Headquarters is located at 1619 King Street Alexandria, VA. 703–548–5800.

DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Naval Reserve Association does not currently receive, has not received during the current fiscal year, or either of two previous years, any federal money for grants. All activities and services of the Association are accomplished free of any direct federal funding.

Chairman Inouye, Senator Stevens and distinguished members of the subcommittee: On behalf of our 23,000 members, and in advocacy for the 70,000 active Navy Reservists and the mirrored interest of Guard and Reserve personnel, we are

grateful for the opportunity to submit testimony, and for your efforts in this hearing.

We very much appreciate the efforts of this subcommittee, the full Committee on Appropriations and like committees in the House of Representatives to support our deployed personnel and their families. Your willingness to address current and pressing issues facing Guardsmen and Reservists affirms their value to the defense of our great nation. Your recognition of these men and women as equal partners in time of war stands you well in the eyes of many. Our young Navy Reservists indicate to us that they are watching and waiting to see our actions to address their concerns. Your willingness to look at issues related to the use of the Guard and Reserve on the basis of fairness sets the Legislative Branch well above the Executive Branch which seemingly develops its positions on the basis of cost.

That said, there are many issues that need to be addressed by this Committee and this Congress. However, there is one specific issue that I wish to address of utmost importance for this year's budget. The requirement for C–40A for the Navy's Air Logistics Program.

First:

—It is the Navy's only world-wide intra-theater organic airlift, operated by the U.S. Navy.

—Navy currently operates 9 C–40As, in three locations: Fort Worth, Jacksonville, San Diego.

—A pending CNA study—substantiates the requirements for 31–35 C–40As to replace aging C–9s.

Second:

—CNO, SECNAV, and DOD support the requirement for at least 4 more C–40As with a fiscal year 2008 Unfunded List (See Attachment #1).

—Commander, Naval Air Force 2007 Top Priority List stated the requirement for at least 32 aircraft.

—These four C–40As sought in the fiscal year 2008 budget, keep the Navy replacement of C–9s alive, and maintains the production line of the C–40A.

Third:

—Current average age of remaining C–9s that the C–40 replaces is: 36 years!

—There will be no commercial operation of the C–9s or derivates by 2011.

—C–9s cannot meet the GWOT requirement, due to MC rates, and availability of only 171 days in 2006.

—Modifications required to make C–9s compliant with stage III Noise compliance, and worldwide Communications/Navigation/Surveillance/Air Traffic Management compliance—are cost prohibitive.

—There are growing indications that the availability and Mission Capability rates of the C–20Gs, stationed in Hawaii and Maryland, need to be addressed for GWOT requirements (See Attachment #2).

Fourth:

—737 Commercial Availability is slipping away, if we do not act now; loss of production line positions in fiscal year 2008–09—due to commercial demand would slip to 2013, and increase in DOD, Service expenditures.

—Lack of DOD, Navy activity on C–40 this fiscal year 2008, could potentially mean loss of the C–40A for the Navy.

The C–40A is a time critical transportation capability for the Naval Wartime effort and DOD emergent operational requirements. It also provides critical peacetime operational support. The C–40A is the replacement for the C–9B.

The C–40A meets or betters all operational requirements of the Navy, and most importantly—can operate in the changing civilian arena of CNS/Air Traffic Management Phase I and Phase II requirements, allowing the aircraft to fly in any airspace of the future. The aircraft can operate with cargo, with passengers, or with a combination of cargo and passengers meeting many different logistical requirements.

Resource constraints have moved this critical asset to the right in funding lines, and this could impact: carrier and expeditionary asset deployments, and critical transportation of high value cargo to Combatant Commanders areas of responsibilities. Sliding the funding to the right is not a good option with the increasing civilian demand for production line positions. To restart the C–40A line production, after it is closed would be extremely costly to the Department of Defense, and the Navy.

Without your direct and immediate input on this critical Navy and Navy Reserve requirement, the requirement will be lost, and if needed would cost two to three times more for the taxpayers.

—The C–9 Full Mission Capability and Mission Capability has decreased dramatically.

—Most interestingly and surprisingly—the C–20G aircraft (a commercial derivative of the Gulfstream 5 aircraft) full mission capability and mission capabilities has decreased to:
—FMC—1994 97.1 percent to a low of 2006 72.0 percent.
—MC—1994 97.1 percent to a low of 2006 68.9 percent.
—You can see—the operational requirements have impacted the C–20G.

Additionally:

People join the Reserve Components to serve their country and operate equipment. Recruiting and retention issues have moved to center stage for all services and their reserve components. In all likelihood the Navy will not meet its target for new Navy Reservists and the Navy Reserve will be challenged to appreciably slow the departure of experienced personnel this fiscal year. We've heard that Reserve Chiefs are in agreement, expressing concern that senior personnel will leave in droves.

Besides reenlistment bonuses which are needed, we feel that dedicated Navy Reserve equipment and Navy Reserve units are a major factor in recruiting and retaining qualified personnel in the Navy Reserve.

Overwhelmingly, we have heard Reserve Chiefs and Senior Enlisted Advisors discuss the need and requirement for more and better equipment for Reserve Component training. The Navy Reserve is in dire need of equipment to keep personnel in the Navy Reserve and to keep them trained. Approximately 4,500 Navy Reserve personnel are on recall each and every month since 9/11. We must have equipment and unit cohesion to keep personnel trained. This means—Navy Reserve equipment and Navy Reserve specific units with equipment.

In recent statements, the Chairman of the Commission on the National Guard and Reserve Components has stated that cross-leveling and lack of equipment is breaking the Reserve Components abilities to be an operational reserve force. I feel that the Navy Reserve should maintain up-to-date unit equipment, if we are to be able to respond to mobilization.

The following are critically needed for the Navy Reserve to respond to continued mobilization, and is supported by the Chief of Navy Reserve unfunded program requirements: Naval Coastal Warfare Equipment; Explosive Ordnance Disposal Equipment; Naval Construction Force Equipment; and Navy Expeditionary Logistics Support Equipment.(See Attachment # 3).

We ask you to fund this Navy Reserve equipment, and that you fund the NGREA accounts that are critical for supporting Reserve forces in today's Global War on Terrorism. Naval Reserve units are engaged in this Global War, and these units, the people, and their families are responding to Combatant Commanders calls. We must maintain the proper equipment for these Navy Reserve units and Navy Reserve Sailors. The AC will not do it, yet will call on them to respond. Only through the NGREA will your citizen-Sailors be able to respond to the needs of the Nation and Combatant Commanders.

In summary, we believe the Committee needs to address the following issues for Navy Reservists in the best interest of our National Security:

—First and foremost, fund four (4) C–40A for the Navy Reserve, per the unfunded list; we must replace the C–9s and replace the C–20Gs in Hawaii and Maryland.
—Increase funding for Naval Reserve equipment in NGREA
—Naval Coastal Warfare Equipment
—Explosive Ordnance Disposal Equipment
—Establish an End-strength cap of 79,500 SelRes (66,000) and FTS (13,500) as a floor for end strength to Navy Reserve manpower—providing for surge-ability and operational force.

We thank the committee for consideration of these tools to assist the Guard and Reserve in an age of increased sacrifice and utilization of these forces.

ATTACHMENT 1.—POM–08 UNFUNDED PROGRAM LIST

[In millions of dollars]

ITEM	TITLE (Program/Issue)	Fiscal year 2008
1	LPD–17	1,696.00
2	T–AKE	1,200.00
3	Joint Improvised Explosive Device Defeat (JIEDDO) Sustainment	8.70
4	Critical ASW Enhancements	95.70
5	F/A–18E/F/G	720.00
6	MH–60R	140.00

ATTACHMENT 1.—POM–08 UNFUNDED PROGRAM LIST—Continued

[In millions of dollars]

ITEM	TITLE (Program/Issue)	Fiscal year 2008
7	MH–60S	207.00
8	C–40A	332.00
9	T–6B	23.60
10	MK XII /MKXIIA IFF	68.70
11	LCAC Sustainment and Personnel Transport Modules (PTMs)	27.80
12	Transit Protection System	21.40
13	MPS Lease Buyout	432.00
14	AMRAAM (AIM–120D) Inventory	72.73
15	Facility Sustainment	240.00
16	Coronado Homeport Ashore Bachelor Quarters	75.00
17	Japan Homeport Ashore Bachelor Quarters	151.00
18	Fitness Center, Pearl Harbor, HI	45.00
19	Aircraft Depot Maintenance	77.00
20	Navy Recruiting Advertising	29.00
	Total	5,662.63

ATTACHMENT 2.—C–20G FMC AND MC RATES

[In percent]

Year	FMC	MC
1994	97.15	97.15
1995	93.59	95.08
1996	93.40	93.86
1997	72.57	83.95
1998	87.14	93.26
1999	94.61	95.50
2000	85.05	91.09
2001	89.09	93.48
2002	82.03	85.29
2003	92.62	94.01
2004	86.40	93.90
2005	81.72	86.81
2006	68.86	71.99

ATTACHMENT 3.—CHIEF OF NAVY RESERVE UNFUNDED PRIORITY LIST—FISCAL YEAR 2008 NAVY RESERVE UNFUNDED PROGRAM REQUIREMENTS LIST

[Dollars in millions]

Fiscal year 2007 NGRER	CNO UPL	Fiscal year 2008 NGRER	CNR	APPN	Title (Program)	Fiscal year 2008
1	1	1	1	OPN	Naval Coastal Warfare Equipment	$11.0
2	2	2	2	OPN	Explosive Ordnance Disposal Table of Allowance Equipment.	4.9
3	3	3	3	OPN	Naval Construction Force Equipment	16.1
6	6	4	4	OPN	Navy Expeditionary Logistics Support Group Equipment (NAVELSG).	6.0
5	4	5	5	APN	C–40A	371.0
7	5,7,8,10	6	6	APN	C–130 Upgrades	33.3
8	N/L	7	7	APN	C–9 Upgrades	32.0
N/L	N/L	9	8	APN	C–9 Interior and engine upgrades	15.0
N/L	N/L	N/L	9	APN	C–40A	4.2
9	N/L	10	10	APN	F–5 Radar and EA jammer upgrades	56.1
					Total	549.6

Senator INOUYE. The next witness is Dr. Don Coffey, National Prostate Cancer Coalition. I'm sorry Senator Stevens is not here, he is a survivor, as you know.

STATEMENT OF DR. DONALD S. COFFEY, Ph.D., MEMBER, NATIONAL CANCER ADVISORY BOARD, NATIONAL CANCER INSTITUTE, DEPARTMENT OF HEALTH AND HUMAN SERVICES, ON BEHALF OF THE NATIONAL PROSTATE CANCER COALITION

Dr. COFFEY. Mr. Chairman, listening to these problems that you must face, I salute you. This is most difficult.

I'm honored to speak to you because 8 days ago I watched you receive an award from the American Association of Cancer Research on their 100th anniversary for your long-time effort in behalf of doing something about cancer in this country and in the world. And, so I salute you for that.

I'm Don Coffey, I was elected President of that organization several years back, and I was also 47 years doing research at Johns Hopkins on prostate cancer.

President Bush recently appointed me for a 6-year term to his National Cancer Advisory Board. So, I've been involved with the Department of Defense Prostate Cancer Program all the way back, 10 years ago, when it first got underway. And I must tell you, this has been one of the most effective programs that I've seen.

It does not repeat a lot of the research going on at the National Cancer Institute. And I'm here today on behalf of the National Prostate Cancer Coalition, who's asked me to come and address you. And what they're requesting is that the money in prostate cancer, which as you know, is one of the devastating diseases for many males in this country—one of the highest cancer rates, about 33 percent, of the cancers are here, and one out of six men will get prostate cancer in their lifetime.

What they are requesting is that these funds—since 1997—have been decreasing and they have come from $100 million down to $80 million. So, we've lost $20 million in this incredible program. They're requesting that this be replaced, the $20 million, to bring it back to $100 million.

Now, what does that mean? It means that we have received—the Department of Defense's Prostate Cancer Program—receives about 1,100 applications for research in this field. Now, that wouldn't have been possible a few years ago, there was practically nobody working in this, and they really stimulated a vast amount of research. But they can only fund 200. And of those others, over 200 of those, an equal number, are outstanding from bright young investigators, these unique types of grants. And, we're requesting that the $20 million be restored so we can bring those grants back to a reasonable level of funding.

I want to remind everyone that I go all the way back. I was in the field a decade or so before President Nixon declared the war on cancer in this country. And at that time, 40 percent of all the grants that were approved, found to be worthy, were funded. Now, that number is down, as you heard, to about 20 percent and now it's even fallen below 10 in some programs for young people, and things at the National Cancer Institute.

So I really want to stress my congratulations to this subcommittee for having formed this program, and how effective it is.

And, I will end by saying, I'm just going to share two things with you, I could have picked 100.

As you know, the death rate is falling for prostate cancer and one of the things is we've got to find out what causes this. Example, if you're from the rural area of China—and I've worked very closely and set up the United States-Chinese Urological Research Society with China earlier, with the leaders in China. And what happens if you're born in that area, you have very little chance of getting prostate or breast cancer as you age.

But, if you move to Hawaii it jumps, and if you move to the mainland United States, it jumps again. And by the second generation, it is very high. This has been traced to some things that we're coming down on, related to how we process foods and some protective factors. The way we process foods by burning them, the meats, produces a carcinogen that is one of the most strongest carcinogens that we have seen for prostate cancer.

And, so I would like to thank you. I know I could go on and on, but time is short, sir. I want to thank you for all you do for this Nation, for cancer, and we hope you can restore these prostate cancer funds. Thank you.

Senator INOUYE. It may be of interest to people here, this subcommittee will be considering budget requests in excess of $716 billion during this session. And we will have to somehow find the money to do this. And Senator Stevens and I are pretty good jugglers, so we will get it.

[The statement follows:]

PREPARED STATEMENT OF DONALD S. COFFEY, PH.D.

Chairman Inouye, Ranking Member Stevens and distinguished members of the committee, I am Dr. Donald S. Coffey. I am the former Director of Research at Johns Hopkins University, Brady Urological Institute in Baltimore, the past-president of the American Association for Cancer Research and also The Society for Basic Urologic Research. I have recently been appointed to the National Cancer Advisory Board at the National Cancer Institute (NCI).

I very much appreciate this opportunity to be able to speak once again to you about important issues in cancer research. Today, I am testifying on behalf of the National Prostate Cancer Coalition about a research program for prostate cancer eradication. That program is among the Department of Defense (DOD) Peer Reviewed Cancer Research Programs, which, taken together, have effected unique advances for the health and well-being of millions of Americans. I am here to request a long overdue funding increase to these innovative and successful programs.

I have been involved in prostate cancer research for 47 years, eleven years before the inception of the National Cancer Act by President Richard Nixon in 1971. I have a first hand understanding of how far we have come toward eliminating suffering and death due to this disease, and much of our success has been contributed uniquely by the DOD special research program. I ask you to adequately support the program.

Prostate cancer is the most commonly diagnosed non-skin cancer in American men. It accounts for roughly 33 percent of all male cancer cases. More than 230,000 men will learn they have prostate cancer in 2007. About 27,000 will die from the disease. One in six men will get prostate cancer at some point in his life. For those with a family history of prostate cancer and African American men this number becomes 1 in 3.

BACKGROUND

For a decade, the Department of Defense (DOD) Prostate Cancer Research Program (PCRP) has funded over 1,455 awards and granted over $636 million in funding to universities, hospitals, not-for-profit institutions, private industry and state and federal agencies targeted toward eliminating prostate cancer. The Prostate Cancer Research Program has developed a multidisciplinary research portfolio that en-

compasses both basic and clinical research aimed at preventing, detecting, treating and improving the quality of life by those afflicted with prostate cancer. The funding strategy of the PCRP complements awards made by other agencies and specifically avoids duplication of long-term basic research supported by the National Institutes of Health.

In a unique fashion, the PCRP incorporates a peer reviewed and programmatic review process. This two-tier review process ensures the scientific merit of proposals and that the program meets the goals of actual cancer patients and survivors. A decade of successful innovative research and cost efficiency has encouraged Congress to continue this program. Grant requests fall into 11 areas including Idea Development, Clinical Trial Development, and Health Disparity Research.

Since its inception in 1997, the Prostate Cancer Research Program (PCRP) has been an environment in which creative ideas and first rate research have been able to flourish by urging investigators to come up with innovative ideas that will return results.

RESEARCH HIGHLIGHTS

The DOD PCRP has conducted several studies on the impact of diet, nutrition, and lifestyle that could ultimately prevent prostate cancer from developing or spreading. Over the ten years that the PCRP has operated, the program has funded 50 projects that received a total of $20.25 million in research support for early prevention.

One example is a study which is designed to look at the role of Selenium and Vitamin E in prostate cancer in prevention.

In 2003, Dr. Yan Dong, a researcher at the Roswell Park Cancer Institute in Buffalo, New York began a study to look at the impact of Selenium and Vitamin E on genes that are potential tumor suppressors. The amazing results from this three-year study could potentially lay the groundwork for developing a customized selenium intervention strategy as part of the treatment for men at high risk of prostate cancer.

It is important to note that this research effort followed the NCI Selenium and Vitamin E Chemoprevention Trial (or SELECT) which initially found these chemicals can prevent the onset and growth of prostate cancer.

At Johns Hopkins, we have a distinguished history in prostate cancer prevention research. For example, several of my colleagues have been interested in studying the role of soy proteins and chemicals in broccoli as preventives—or in the role of carbon deposits in well-cooked meat as a stimulant to cancer development.

Prevention research conducted at the DOD PCRP could interface with and contribute to other important organ site cancer research. While Selenium research will potentially impact the course of prostate cancer, it will also likely have a role in lung cancer and colon cancer prevention as well.

But, most important, the DOD PCRP program is structured to be a "first responder" for special needs in prostate cancer research. While the National Institutes of Health and the National Cancer Institute are structured to lay battalions into the nation's war on cancer, this unique research program puts special forces into crucial research targets, something the larger agencies may find hard to do.

The Prostate Cancer Research Program conducted by the Department of Defense through the Congressionally Directed Medical Research Programs (CDMRP) is setting the bar for administering cancer research. Prostate cancer advocates and scientists continue to praise this program and its unique peer and consumer driven approach to research. PCRP is a special program within the government's prostate cancer research portfolio because it makes significant use of public/private partnerships, quickly awards competitive grants for new ideas and does not duplicate the work of other research funders. Its mission and its results are clear. Each year, the program issues an annual report detailing what it has done to fight prostate cancer. This transparency allows taxpayers—among them prostate cancer survivors—to clearly understand what this government entity is doing to fight the disease. Additionally, only 10 percent of the funding for these programs goes towards administrative costs.

Unfortunately despite excellent reviews from all communities regarding achievements and fiscal efficiency, funding to this innovative program has been substantially reduced from $100 million in fiscal year 2001 to $80 million in fiscal year 2007. In fiscal year 2006, 1,117 proposals were received and only 207 funded. Of the 910 proposals remaining over 200 met the standards set by the DOD PRCP but were turned away due to funding constraints. What if one of these researchers held the knowledge to discover the cause of prostate cancer?

According to its business plan laid out in 1998, the DOD PRCP should be receiving over $200 million to fully meet its potential. We call on this committee to take a bold step forward and open the opportunities for this program to progress as the original founders had intended and increase funding to the PCRP by $20 million in fiscal year 2008.

REQUEST

To properly fight the war on prostate cancer, I respectfully request this committee appropriate $100 million for the DOD Congressionally Directed Medical Research Program's (CDMRP) Prostate Cancer Research Program (PCRP).

Mr. Chairman, the prostate cancer community has done remarkable work. This work is continuing to make progress. Public-private collaboration and new scientific discoveries are moving us toward a better understanding of how prostate cancer develops and kills, but, it must continue to develop. Investments in research now make the difference to future patients and their families. The War on Cancer must be funded appropriately so researchers can find new treatments, test them in the clinical setting and deliver them to patients.

On behalf of the prostate cancer patient community and the National Prostate Cancer Coalition, I thank you for your time and ask you to continue to help funding the war against this terrible disease.

Senator INOUYE. Our next witness is Ms. Sue Vento, a member of the Board of Directors of the Mesothelioma Research Foundation.

Welcome back, ma'am.

STATEMENT OF SUSAN VENTO, MEMBER, BOARD OF DIRECTORS, MESOTHELIOMA RESEARCH FOUNDATION

Ms. VENTO. Good afternoon, Chairman Inouye.

Thank you so much for the opportunity to be here less than 2 weeks before Memorial Day to address a fatal disease afflicting our military veterans and many others.

My name is Sue Vento. I serve on the Board of Directors of the Mesothelioma Applied Research Foundation, the national nonprofit collaboration of researchers, physicians, advocates, patients, and families dedicated to advancing medical research to improve treatment for mesothelioma.

Please consider the irony—a hard working science teacher who went on to become a leading national advocate for workers and for the environment, dies suddenly because of an environmental carcinogen he was exposed to in the workplace. This future Member of Congress grew up in a large Italian and German family on St. Paul's east side, the second oldest of eight children. From an early age, he learned the importance of hard work from his parents as he delivered newspapers and bussed tables in a hotel restaurant. Later he worked at factories and a brewery in order to pay his college tuition to become a science teacher. At 30, he was elected to the Minnesota State House. Six years later he was elected to his first of 12 terms in the U.S. House of Representatives, where he served on the Resources and Banking Committees. His name was Bruce Vento, he was my best friend, and my husband.

In January 2000, Bruce was on a congressional trip. He mentioned on one of our evening phone calls that he wasn't feeling well. He noted a shortness of breath and back pain. Immediately upon returning, he went to the House physician and was then taken to Bethesda Naval Hospital. The following day, Bruce was told he had lung cancer. He flew home that evening and we spent the weekend talking about how best to proceed. He decided he wanted to see specialists at the Mayo Clinic in Rochester, Min-

nesota for further testing. On January 29, Bruce was told that he did not have lung cancer, but instead was diagnosed with pleural mesothelioma.

Mesothelioma is a diffused tumor of the linings of lungs, abdomen, or heart, which kills approximately 3,000 Americans each year and many thousands more worldwide. It relentlessly invades the tissues of the chest and abdomen, crushing the lungs and causing excruciating pain in most afflicted patients at the end of their lives. The average survival for individuals with mesothelioma is only 1 year.

Bruce's diagnosis was puzzling because the cause of mesothelioma is exposure to asbestos. Bruce racked his brain to determine where he could have been exposed to this deadly carcinogen. He later recalled those jobs at the factories and the brewery during the 1960s. His exposure to asbestos was similar to that of millions of Americans, who have also been exposed in their work and home settings.

Until its fatal toxicity became fully recognized, asbestos was widely utilized in this country because of its fireproofing, insulating, filling, and bonding properties. Starting in the late 1930s and through the late 1970s, the Navy used asbestos extensively. It was used in engines, nuclear reactors, decking materials, pipe covering, hull insulation, valves, pumps, gaskets, boilers, distillers, evaporators, soot blowers, air conditioners, rope packing, and brake and clutches on winches. In fact, it was used all over Navy ships, even in living spaces, where pipes were overhead, and in kitchens where asbestos was used in ovens, and in the wiring of appliances.

Aside from Navy ships, asbestos was also used on military planes, on military vehicles, and as insulating material in Quonset huts and living quarters.

As in Bruce's case, thousands of veterans have been stricken with mesothelioma many years after their exposure to the substance. On Valentine's Day 2000, surgeons removed Bruce's right lung, the lining of the lung, and one-half of his diaphragm. At the end of March, he began chemotherapy, followed by 6 weeks of radiation therapy. Following the completion of the radiation, we were confident that Bruce was through the worst of it. But within a few weeks, we were told that the cancer had spread to Bruce's other lung. In September, we were urged to arrange for hospice care, which we did the next day. On a beautiful autumn morning, the morning of October 10, just 8½ months after being diagnosed, Bruce died at our home with his family at his side.

Since Bruce's death, I have learned about other victims of the disease. Many of them veterans of our Nation's armed services. Approximately one-third of today's mesothelioma victims served in the United States on Navy ships or in shipyards. These Navy victims include former Chief Naval Officer, Admiral Elmo Zumwalt, Jr., who led the Navy during Vietnam and was renowned for his concern for enlisted men. Despite his rank, prestige, power, and leadership in protecting the health of Navy servicemen and veterans, Admiral Zumwalt died in January 2000, just 3 months after being diagnosed with mesothelioma.

Lewis Deets was another veteran stricken with mesothelioma. Four days after turning the legal age of 18, Lewis joined the Navy.

He served in the Vietnam war from 1962 to 1967 as a ship boiler man. For his valiance in combat operations against the guerilla forces in Vietnam, Lewis received a letter of commendation and the Navy Unit Commendation Ribbon for exceptional service.

In December 1965, while Lewis was serving aboard the U.S.S. *Kitty Hawk* in the Gulf of Tonkin, a fierce fire broke out. The boilers filled with asbestos were burning. Two sailors were killed and 29 were injured. Lewis was one of the 29 injured. He suffered smoke inhalation while fighting the fire. After the fire, he helped rebuild the boilers, replacing the burned asbestos blocks. In 1999, he developed mesothelioma and died just 4 months later at age 55.

Bob Tragget is a 56-year-old retired sailor who was diagnosed with mesothelioma a few years ago. Bob was exposed to asbestos as a sailor in the U.S. Navy from 1965 to 1972, proud to serve his country aboard a nuclear submarine whose mission was to deter a nuclear attack upon our country. To treat his disease, Bob had what today is, what is today, state of the art for mesothelioma treatment. He had 3 months of systemic chemotherapy with a new and quite toxic drug combination. Then he had a grueling surgery to open up his chest, remove his sixth rib, amputate his right lung, remove the diaphragm and parts of the linings around his lungs and his heart. After 2 weeks of post-operative hospitalization to recover and still with substantial pain, he had radiation, which left him with second degree burns on his back, in his mouth, and in his airways. Recently, the tumor returned on Bob's left side, but he continues the battle.

Regrettably, mesothelioma has been an orphan disease in medical research. Three years ago the first treatment for mesothelioma patients was approved by the FDA. Even this approved treatment, which is regarded as the new standard of care, is associated with only a 3-month survival advantage in the majority of cases, which are detected in an advanced state. Hence, funding for early detection and improved treatment of this disease is critically important.

With a huge Federal investment in cancer research through the National Cancer Institute and $3.75 billion spent in biomedical research through the Department of Defense Congressionally Directed Research Program since 1992, we are making important progress in the treatment of many types of cancers and other diseases. But for mesothelioma, the National Cancer Institute has provided limited funding in the range of only $1.7 to $3 million annually over the course of the last 5 years. And the Department of Defense does not yet invest any mesothelioma research, despite the pronounced military service connection.

Advancements in the treatment of mesothelioma have lagged far behind other cancers. On behalf of families like mine, impacted by mesothelioma, I urge you to direct the Department of Defense to please include mesothelioma as an area of emphasis in the DOD's peer-reviewed medical research program. Inclusion in the list of the congressionally identified priority research areas will enable mesothelioma researchers to compete for Federal funds, based on the scientific merit of their work. This will provide urgently needed resources to explore new treatments and build a better understanding of this disease.

Admiral Zumwalt and Lewis Deets would not have wanted you to remember them by the cancer that took their lives, nor would Bruce. Indeed, Congress can be inspired by these men and take up the challenge of identifying a cure for a disease that particularly impacts our Nation's veterans. Veterans like Bob Tragget, who are now struggling with mesothelioma.

Navy personnel and shipyard workers exposed decades ago are developing the disease today. Many others are being exposed now and will develop the disease in 10 to 50 years. While active asbestos usage is not as heavy today as in the past, even low-dose incidental exposures can cause mesothelioma, as my family learned when Bruce was stricken.

On behalf of the Mesothelioma Applied Research Foundation, I appeal to you for your help in ensuring a vigorous Federal response to mesothelioma and I thank you for your consideration.

Senator INOUYE. I have a 16-inch incision on my chest. I was scheduled for a pneumonectomy, and so I know something about this.

Ms. VENTO. Yes, you do.

Senator INOUYE. Thank you very much.

[The statement follows:]

PREPARED STATEMENT OF SUSAN VENTO

SUMMARY

Mesothelioma is a deadly cancer which is caused by exposure to asbestos. In 2000, this long-overlooked disease took the life of Congressman Bruce Vento of Minnesota, who had served in the House of Representatives for twelve terms. His wife, Sue Vento, has become a passionate advocate for increased investment in mesothelioma research. Today, on behalf of the Mesothelioma Applied Research Foundation, Ms. Vento comes before the Senate Defense Appropriations Subcommittee to urge the subcommittee to direct the Department of Defense (DOD) to include mesothelioma as an area of emphasis in the DOD's Peer Reviewed Medical Research Program. Inclusion in the list of Congressionally identified priority research areas will enable mesothelioma researchers to compete for federal funds to assist in identifying more effective treatments for this challenging cancer.

Chairman Inouye, Ranking Member Stevens, and distinguished members of the U.S. Senate Defense Appropriations Subcommittee: Thank you for this opportunity, less than two weeks before Memorial Day, to address a fatal disease afflicting our military veterans and many others—mesothelioma. My name is Sue Vento, I serve on the Board of Directors of the Mesothelioma Applied Research Foundation, the national nonprofit collaboration of researchers, physicians, advocates, patients and families dedicated to advancing medical research to improve treatments for mesothelioma.

Consider the irony: A hard working science teacher who went on to become a leading national advocate for workers and the environment dies suddenly because of an environmental carcinogen he was exposed to in the workplace.

This future Member of Congress grew up in a large Italian and German family on St. Paul's Eastside, the second oldest of eight children. From an early age, he learned the importance of hard work from his parents as he delivered newspapers and bussed tables in a hotel restaurant. Later, he worked at factories and a brewery in order to pay his college tuition to become a science teacher. At 30, he was elected to the Minnesota State House. Six years later, he was elected to his first of 12 terms in the U.S. House of Representatives, where he served on the Natural Resources and Banking Committees. He was Bruce Vento; he was my best friend and my husband.

There was little that ever slowed down Bruce. He was a very active person—traveling almost every weekend back to Minnesota's 4th Congressional District to meet with constituents and to do his best as their representative in the U.S. House. In mid-January 2000, Bruce was on a Congressional trip. He mentioned on one of our evening phone calls that he wasn't feeling well—he noted a shortness of breath and back pain. Immediately upon returning he went to the House physician and was

then taken to Bethesda Naval Hospital. The following day, Bruce was told he had lung cancer.

He flew home that evening, and we spent the weekend talking about how best to proceed. He decided he wanted to see specialists at the Mayo Clinic in Rochester, Minnesota, for further testing. On the morning of January 29th, 2000, Bruce was told that he did not have lung cancer, but instead he was diagnosed with pleural mesothelioma.

Mesothelioma is a diffuse tumor of the linings of the lungs, abdomen or heart which kills approximately 3,000 Americans each year, and many thousands more worldwide. It relentlessly invades the tissues of the chest and abdomen, crushing the lungs and causing excruciating pain in most afflicted patients at the end of their life. The average survival for individuals with mesothelioma is only one year.

Bruce's diagnosis was puzzling because the cause of mesothelioma is exposure to asbestos. Bruce wracked his brain to determine where he could have been exposed to this deadly carcinogen. He later recalled those jobs at the factories and the brewery during the early 1960's. His exposure to asbestos was similar to that of millions of Americans who have also been exposed in their work and home settings. Until its fatal toxicity became fully recognized, asbestos was widely utilized in the United States because of its fireproofing, insulating, filling and bonding properties.

Starting in the late 1930's and through the late 70's the Navy used asbestos extensively. It was used in engines, nuclear reactors, decking materials, pipe covering, hull insulation, valves, pumps, gaskets, boilers, distillers, evaporators, soot blowers, air conditioners, rope packing, and brakes and clutches on winches. In fact it was used all over Navy ships, even in living spaces where pipes were overhead and in kitchens where asbestos was used in ovens and in the wiring of appliances. Aside from Navy ships, asbestos was also used on military planes, on military vehicles, and as insulating material on quonset huts and living quarters. As in Bruce's case, thousands of veterans have been stricken with mesothelioma many years after their exposure to the substance.

On Valentine's Day, surgeons removed Bruce's right lung, the lining of the lung, and half of his diaphragm. At the end of March he began chemotherapy followed by six weeks of radiation therapy. Following the completion of the radiation, we were confident that Bruce was through the worst of it. But within a few weeks, we were told that the cancer had spread to Bruce's other lung. On September 25th, we were urged to arrange for Hospice care, which we did the next day. On the beautiful, autumn morning of October 10, 2000—just ten months after being diagnosed, Bruce died at our home with his family at his side.

Since Bruce's death, I have advocated for more medical research on behalf of mesothelioma patients and their families because the threat of this deadly cancer remains very real. Through my work on the Board of the Mesothelioma Applied Research Foundation, I have learned about other victims of the disease—many of them veterans of our nation's armed services. Approximately one-third of today's mesothelioma victims served the United States on Navy ships or in shipyards. A study at the Groton, Connecticut shipyard found that over one hundred thousand workers had been exposed to asbestos over the years at just this one worksite. Because of the ten to fifty year latency of the disease, many of the millions of exposed servicemen and shipyard workers are just now developing mesothelioma.

These Navy victims include former Chief Naval Officer Admiral Elmo Zumwalt, Jr., who led the Navy during Vietnam and was renowned for his concern for enlisted men. Despite his rank, prestige, power, and leadership in protecting the health of Navy servicemen and veterans, Admiral Zumwalt died the same year as Bruce, just three months after being diagnosed with mesothelioma.

Lewis Deets was another veteran stricken with mesothelioma. Four days after turning the legal age of eighteen, Lewis joined the Navy. He served in the Vietnam War for over four years, from 1962 to 1967, as a ship boilerman. For his valiance in combat operations against the guerilla forces in Vietnam he received a Letter of Commendation and The Navy Unit Commendation Ribbon for Exceptional Service. In December 1965, while Lewis was serving aboard the U.S.S. *Kitty Hawk* in the Gulf of Tonkin, a fierce fire broke out. The boilers, filled with asbestos, were burning. Two sailors were killed and 29 were injured. Lewis was one of the 29 injured; he suffered smoke inhalation while fighting the fire. After the fire, he helped rebuild the boilers, replacing the burned asbestos blocks. In 1999, he developed mesothelioma and died four months later at age 55.

Commander Harrison F. Starn Jr., joined the Navy before college to serve in World War II, then became an officer and served in the Korean War, the Cuban missile crisis and the Vietnam War. During his career he served aboard a cruiser, destroyers and landing-troop ships, all of which had heavy asbestos. After retiring from the Navy, he opened a scuba diving center in Virginia, and actively supported

fire departments, rescue squads and law-enforcement agencies. This patriot died last year of mesothelioma at the National Naval Medical Center in Bethesda.

Bob Tregget is a 56 year old retired sailor who was diagnosed with mesothelioma a few years ago. Bob was exposed to asbestos as a sailor in the U.S. Navy from 1965 to 1972, proud to serve his country aboard a nuclear submarine whose mission was to deter a nuclear attack upon the United States. To treat his disease, Bob had what today is the state of the art for mesothelioma treatment. He had three months of systemic chemotherapy with a new, and quite toxic, drug combination. Then he had a grueling surgery, to open up his chest, remove his sixth rib, amputate his right lung, remove the diaphragm and parts of the linings around his lungs and his heart. After two weeks of postoperative hospitalization to recover and still with substantial postoperative pain, he had radiation, which left him with 2nd degree burns on his back, in his mouth, and in his airways. Recently, the tumor returned on his left side, but Bob is hanging on.

Approximately 23 million Americans have been occupationally exposed to asbestos over the past 50 years and are now at risk. There is grave concern now for the heroic first responders from 9/11 who were exposed to hundreds of tons of pulverized asbestos at Ground Zero and throughout the city. The destruction wrought by Katrina has potentially exposed countless more. Asbestos is virtually omni-present in all the buildings constructed before the late 1970s. Asbestos exposures have been reported among the troops now in Iraq. The utility tunnels in the U.S. Capitol building may have dangerous levels. For those who could develop mesothelioma as a result of these exposures, the only hope is effective treatment.

Regrettably, mesothelioma has been an orphan in medical research. Until three years ago, there was not even one treatment for mesothelioma approved by the FDA as better than doing nothing at all. Even this approved treatment, which is regarded as the new standard of care, is associated with only a three month survival advantage in the majority of cases which are detected in an advanced state. Hence, funding for early detection and improved treatment of the disease is critically important.

Since 1999, research and advocacy for mesothelioma has been championed by the Mesothelioma Applied Research Foundation, which has awarded over $4 million in seed money grants to the brightest investigators around the world. Researchers are learning which genes and proteins can give a signature for the disease, and which of these also control the pathways that will turn a normal cell into a mesothelioma. Now we need the federal government to partner with us in order to make sure that promising findings receive the funding necessary to be fully developed into effective treatments for patients.

With the huge federal investment in cancer research through the National Cancer Institute, and $3.75 billion spent in biomedical research through the Department of Defense Congressionally Directed Research Program since 1992, we are making important progress in the treatment of many types of cancer and other diseases. But for mesothelioma, the National Cancer Institute has provided virtually no funding, in the range of only $1.7 to $3 million annually over the course of the last five years, and the Department of Defense does not yet invest in any mesothelioma research despite the pronounced military-service connection. Advancements in the treatment of mesothelioma have lagged far behind other cancers.

Therefore, on behalf of families like mine directly impacted by mesothelioma, I urge the subcommittee to direct the Department of Defense to include mesothelioma as an area of emphasis in the DOD's Peer Reviewed Medical Research Program. Inclusion in the list of congressionally identified priority research areas will enable mesothelioma researchers to compete for federal funds based on the scientific merit of their work. This will provide urgently needed resources to explore new treatments and build a better understanding of this disease.

My husband Bruce Vento, Admiral Zumwald, Commander Starn and Lewis Deets would not have wanted you to remember them by the cancer that took their lives. Instead, Congress can be inspired by these men and take up the challenge of identifying a cure for a disease that particularly impacts our nation's veterans—veterans like Bob Teggett who are now struggling with mesothelioma. Navy servicemen and shipyard workers exposed decades ago are developing the disease today. Many others are being exposed now and will develop the disease in 10 to 50 years. While active asbestos usage is not as heavy today as in the past, even low-dose, incidental exposures can cause mesothelioma as my family learned when Bruce was stricken.

On behalf of the Mesothelioma Applied Research Foundation, I appeal to you for your help in ensuring a vigorous federal response to mesothelioma. Thank you for you consideration.

Senator INOUYE. Our last witness is Mr. D. Michael Duggan, Deputy Director of the American Legion National Security Commission.

Welcome, Mr. Duggan.

STATEMENT OF D. MICHAEL DUGGAN, DEPUTY DIRECTOR, AMERICAN LEGION NATIONAL SECURITY COMMISSION

Mr. DUGGAN. Thank you very much, sir. Good afternoon. We thank you for this great opportunity. As the Nation's largest organization of war time veterans, I and my organization thank you and your subcommittee for over the years, continuing to fund Defense budgets and especially at higher levels during times of war. The Armed Forces and our men and women in uniform know they can count on you, and this particular subcommittee as well, and that is deeply appreciated.

According to the Department of Defense, fiscal year 2008 Defense budget would advance ongoing efforts to prevail in the global war on terrorism, defend the homeland against threats, maintain America's military superiority, and to support military members and their families. The American Legion believes that this budget must also continue to increase active Army and Marine Corps endstrengths. Our major concerns are that we hope the Army is, in fact, not being broken, not only by this war, but by their load strength and trying to do too much with too few.

We also urge the full funding of TRICARE healthcare programs and not to have DOD TRICARE fees increased. Continue to increase and support military quality of life issues to include a 3.5-percent military pay raise, in lieu of the 3 percent administration's requested pay raise level.

Severely wounded service members recovering in military hospitals, such as Walter Reed Army Medical Center and Bethesda Navy Hospital, need to receive the very best of care, particularly for traumatic brain injuries, the signature wound, not only for their treatment, but of course, for their research. Combat stress also needs more help, we think, as well as post-traumatic stress disorders, as well as, of course, therapies for missing or prosthetic limbs, as well.

DOD, we think has to do a better job, though, in interfacing with the Department of Veterans Affairs. We would like to see also, the Wounded Warrior Program fully funded, as well, too. That is a really worthwhile program. The military's medical evaluation boards, the PEBs and MEBs.

And, we feel as military disability retirement process has to be seriously reformed. And perhaps, even the rating and the evaluation of airmen and soldiers be done, not by the military necessarily, but by the VA, which has a lot more experience in rating and evaluation, as well, too.

Walter Reed is still a national treasure. Despite its shortcomings and it's the only military hospital in the world, we believe, that can treat up to 1.1 million outpatients, as well as some 26,500 inpatients and an increasing, over 3,000 severely wounded soldiers who are still coming in. We think, therefore, particularly during the war years, that Walter Reed should not be torn down, that it should be

renovated to the best that it can, the space and whatever it needs to still be able to support that staggering workload, as well.

As a matter of fact, the American Legion signed a memorandum of understanding with Walter Reed, so as to provide a manned office there to assist military members in transferring from military healthcare to veterans healthcare.

Other than that, Senator, thank you for your continued support. We would ask, also and urge, that there be any additional funding or full funding for the POW/MIA structures as well, too, for their, so that they can continue their recovery operations, as well as fund any new initiatives, such as the issuance of electronic beepers to service members who are going into combat and could wind up being captured or missing in action.

Finally, I would be remiss if I didn't ask for continued funding support for the concurrent receipt of military retired pay and veterans disability compensation, as well as the elimination of the SBP/DIC offset, which has affected so many military survivors and widows over the years.

Again sir, thank you for your leadership, thank you for being a great veteran, and thank you for this opportunity.

Senator INOUYE. Thank you very much.

[The statement follows:]

PREPARED STATEMENT OF D. MICHAEL DUGGAN

Mr. Chairman: The American Legion is grateful for the opportunity to present its views on defense appropriations for fiscal year 2008. The American Legion values your leadership in assessing and authorizing adequate funding for quality-of-life (QOL) features of the Nation's armed forces to include the active, reserve and National Guard forces and their families, as well as quality of life for military retirees and their dependents.

Since September 2001, the United States has been involved in the war against terrorism in Operations Iraqi Freedom and Enduring Freedom. American fighting men and women are again proving they are the best-trained, best-equipped and best-led military in the world. As Secretary of Defense Robert Gates has noted, the war in Iraq is part of a long, dangerous global war on terrorism. The war on terrorism is being waged on two fronts: overseas against armed insurgents and at home protecting and securing the Homeland. Casualties in the shooting wars, in terms of those killed and seriously wounded, continue to mount daily. Indeed, most of what we as Americans hold dear is made possible by the peace and stability that the Armed Forces provide by taking the fight to the enemy.

The American Legion adheres to the principle that this nation's armed forces must be well-manned and equipped, not just to pursue war, but to preserve and protect the peace. The American Legion strongly believes past and current military downsizing were budget-driven rather than threat-focused. Once Army divisions, Navy warships and Air Force fighter squadrons are downsized, eliminated or retired from the force structure, they cannot be reconstituted quickly enough to meet new threats or emergency circumstances. The Active-Duty Army, Army National Guard and the Reserves barely met their recruiting goals, and the Army's stop-loss policies have obscured retention and recruiting needs. Clearly, the active Army is struggling to meet its recruitment goals. Military morale undoubtedly has been adversely affected by the extension and repetition of Iraq tours of duty for active duty, and now, National Guard units alerted for their second tour.

The Administration's fiscal year 2008 budget requests more than $481 billion for defense or about 17 percent of the total budget. The fiscal year 2008 defense budget represents a 11.3 percent increase in defense spending over current funding levels. It also represents about 4.0 percent of our Gross National Product. Active duty military manpower end-strength is now over 1.55 million. Selected Reserve strength is about 863,300 or reduced by about 25 percent from its strength levels during the Gulf War of 16 years ago.

Mr. Chairman, this budget must advance ongoing efforts to prevail in the global war on terrorism, defend the homeland against threats, maintain America's military superiority, and to support Servicemembers and their families. A decade of over-use

of the military and past under-funding, necessitates a sustained investment. The American Legion believes the budget must continue to increase Army and Marine Corps end-strengths, fully fund Tricare programs, accelerate improved Active and Reserve Components' quality of life features, provide increased funding for the concurrent receipt of military retirement pay and VA disability compensation ("Veterans Disability Tax") and elimination of the offset of survivors benefit plan (SBP) and Dependency and Indemnity Compensation (DIC) "Widow's Tax" that continues to penalize military survivors.

If we are to win the war on terror and prepare for the wars of tomorrow, we must take care of the Department of Defense's greatest assets—the men and women in uniform. They do us proud in Iraq, Afghanistan and around the world. They need our help. Therefore, The American Legion urges this Subcommittee and this Congress to continue to fund the war effort in Iraq and Afghanistan as well as our troops and their families.

In order to attract and retain the necessary force over the long haul, the active duty force, reserves and National Guard continue to look for talent in an open market place and to compete with the private sector for the best young people this nation has to offer. If we are to attract them to military service in the active and reserve components, we need to count on their patriotism and willingness to sacrifice, to be sure, but we must also provide them the proper incentives. They love their country, but they also love their families—and many have children to support, raise and educate. We have always asked the men and women in uniform to voluntarily risk their lives to defend us; we should not ask them to forego adequate pay and allowances, adequate health care and subject their families to repeated unaccompanied deployments and sub-standard housing as well. Undoubtedly, retention and recruiting budgets need to be substantially increased if we are to keep and recruit quality service members.

The President's fiscal year 2008 defense budget requests over $10.8 billion for military pay and allowances, including a 3.0 percent across-the-board pay raise. This pay raise is inadequate and needs to be increased to 3.5 percent so as to close the pay gap. It also includes billions to improve military housing, putting the Department on track to eliminate most substandard housing several years sooner than previously planned. The fiscal year 2007 budget further lowered out-of-pocket housing costs for those living off base. The American Legion encourages the Subcommittee to continue the policy of no out-of-pocket housing costs in future years and to end the military pay differential with the private sector.

Together, these investments in people are critical, because smart weapons are worthless to us unless they are in the hands of smart, well-trained Soldiers, Sailors, Airmen, Marines and Coast Guard personnel.

The American Legion National Commander has visited American troops in Europe and the Far East as well as a number of installations throughout the United States, including Walter Reed Army Medical Center and Bethesda National Naval Medical Center. During these visits, he was able to see first-hand the urgent, immediate need to address real quality of life challenges faced by service members and their families. Severely wounded service members who have families and are convalescing in military hospitals clearly need to continue to receive the best of care, particularly for PTSD, Traumatic Brain Injuries and therapies; and the DOD interface with the VA must be more seamless. Also, the medical evaluation board process needs to be reformed and expedited so that military severance and disability retirement pays will be more immediately forthcoming. The soldiers' best interests must be fairly represented before the medical evaluation boards. To this end, The American Legion has established an office at Walter Reed AMC to assist the medical evaluation system and the transition of discharging patients to the VA. Our National Commanders have spoken with families on Women's and Infants' Compensation (WIC) which is an absolute necessity to larger military families. Quality-of-life issues for service members, coupled with combat tours and other operational tempos, play a role in recurring recruitment and retention efforts and should come as no surprise. The operational tempo and lengthy deployments, to include multiple combat tours, must be reduced or curtailed. Military missions were on the rise before September 11 and deployment levels remain high. The only way to reduce repetitive overseas tours and the overuse of the reserves is to increase, recruit and fill active and reserve Army and Marine Corps end-strengths.

Military pay must be on a par with the competitive civilian sector. Activated reservists must receive the same equipment, the same pay and timely health care as active duty personnel. The Reserve Montgomery GI Bill must be as lucrative as the MGI Bill for active duty personnel. If other benefits, like health care improvements, commissaries, adequate quarters, quality child care and impact aid for DOD edu-

cation are reduced, they will only serve to further undermine efforts to recruit and retain the brightest and best this nation has to offer.

Despite frequent visits to Walter Reed Army Medical Center, The American Legion was shocked and disappointed by the publicized shortcomings that surfaced at Walter Reed. Clearly, the first priorities are to beef up its military medical staff, improve its facilities, expand its treatment and living space, and most importantly, evaluate and improve the Medical Evaluation Board process: Clearly, the MEB/PEB process is too time-consuming and too often inappropriate judgments and ratings are being rendered and appear to be shortchanging the troops. The military MEB/PEB process must be reformed in favor of a system which fairly rates and compensates disabled soldiers while affording these disabled soldiers the retirement benefits they so rightly earned and deserved.

Walter Reed Army Medical Center is a National Treasure, not merely the Army's flagship hospital. Two years ago, Walter Reed AMC treated over 1.1 million Army outpatients, and 26,500 inpatients and hundreds of severely wounded soldiers from the combat zones. Walter Reed continues to treat Active Army, Army Reservists, Army National Guardsmen, and Army military retiree veterans and their families. There is no other military or civilian medical center or hospital in the United States that can treat patients of this magnitude or severity; and Walter Reed has been doing this since the turn of the last century.

Frankly, The American Legion has overwhelmingly opposed having Walter Reed on the Base Realignment and Closure (BRAC) List, and continues to oppose its closure. The American Legion recommends, in light of the emergent need to renovate the Medical Center, that Walter Reed be removed from the BRAC list and that military construction funding be dedicated for major phased-in renovations of the Medical Center, rather than constructing other medical facilities and tearing Walter Reed down. This appears to be the practical and economical thing to do especially during time of war when severely wounded soldiers need the best in medical care.

As a major step toward resolving the problems brought to light at Walter Reed AMC, The American Legion signed a Memorandum of Understanding with Walter Reed which will establish an office there to assist in the transition of wounded service members from Department of Defense to the Department of Veterans Affairs. The American Legion also supports the retention of the Armed Forces Institute of Pathology, on the grounds of Walter Reed as an absolute necessity and is valued both to the Department of Defense and the Department of Veterans Affairs.

To step up efforts to bring in enlistees, all the Army components are increasing the number of recruiters. The Army National Guard sent 1,400 new recruiters into the field last February. The Army Reserve is expanding its recruiting force by about 80 percent. If the recruiting trends and the demand for forces persist, the Pentagon under current policies could eventually "run out" of reserve forces for war zone rotation, a Government Accountability Office expert warned. The Pentagon projects a need to keep more than 100,000 reservists continuously over the next three to five years. The Defense Appropriations bill for fiscal year 2005 provided the funding for the first year force level increases of 10,000. The Army's end-strength increased 30,000 and the Marine Corps end-strength increased 3,000.

The budget deficit is projected to be over $427 billion which is the largest in U.S. history, and it appears to be heading higher perhaps to $500 billion. National defense spending must not become a casualty of deficit reduction.

FORCE HEALTH PROTECTION (FHP)

As American military forces are again engaged in combat overseas, the health and welfare of deployed troops is of utmost concern to The American Legion. The need for effective coordination between the Department of Veterans Affairs and the DOD in the force protection of U.S. forces is paramount. It has been fifteen years since the first Gulf War, yet many of the hazards of the 1991 conflict are still present in the current war.

Prior to the 1991 Gulf War deployment, troops were not systematically given comprehensive pre-deployment health examinations nor were they properly briefed on the potential hazards, such as fallout from depleted uranium munitions they might encounter. Record keeping was poor. Numerous examples of lost or destroyed medical records of active duty and reserve personnel were identified. Physical examinations (pre/and post-deployment) were not comprehensive and information regarding possible environmental hazard exposures was severely lacking. Although the government had conducted more than 230 research projects at a cost of $240 million, lack of crucial deployment data resulted in many unanswered questions about Gulf War veterans' illnesses.

The American Legion would like to specifically identify an element of FHP that deals with DOD's ability to accurately record a service member's health status prior to deployment and document or evaluate any changes in his or her health that occurred during deployment. This is exactly the information VA needs to adequately care for and compensate service members for service-related disabilities once they leave active duty. Although DOD has developed post-deployment questionnaires, they still do not fulfill the requirement of "thorough" medical examinations nor do they even require a medical officer to administer the questionnaires. Due to the duration and extent of sustained combat in Operations Iraqi Freedom and Enduring Freedom, the psychological impact on deployed personnel is of utmost concern to The American Legion. VA's ability to adequately care for and compensate our nation's veterans depends directly on DOD's efforts to maintain proper health records/health surveillance, documentation of troop locations, environmental hazard exposure data and the timely sharing of this information with the VA.

The early signs of Combat Stress, PTSD, and the Traumatic Brain Injuries must be detected early-on and completely treated by the military and the VA. The entire medical issue of Traumatic Brain Injuries (TBIs) needs to be recognized, reported, treated and researched. The American Legion strongly urges Congress to mandate separation physical exams for all service members, particularly those who have served in combat zones or have had sustained deployments. DOD reports that only about 20 percent of discharging service members opt to have separation physical exams. During this war on terrorism and frequent deployments with all their strains and stresses, this figure, we believe, should be substantially increased.

MILITARY QUALITY OF LIFE

Our major national security concern continues to be the enhancement of the quality of life issues for active duty service members, reservists, National Guardsmen, military retirees and their families. During the last Congressional session, President Bush and the Congress made marked improvements in an array of quality of life issues for military personnel and their families. These efforts are vital enhancements that must be sustained.

Mr. Chairman: During this period of the War on Terrorism, more quality of life improvements are required to meet the needs of servicemembers and their families as well as military retiree veterans and their families. For example, the proposed 3.0 percent pay-raise needs to be significantly increased. The 3.1 percent military comparability gap with the private sector needs to be eliminated; the improved Reserve MGIB for education needs to be completely funded as well; combat wounded soldiers who are evacuated from combat zones to military hospitals need to retain their special pays, and base pay and allowances continued at the same level so as not to jeopardize their family's financial support during recovery. Furthermore, the medical evaluation board process needs to be reformed and fair and considerate of the soldiers' best interest so that any adjudicated military severance or military disability retirement payments will be immediately forthcoming; recruiting and retention efforts, to include the provision of more service recruiters, needs to be fully funded as does recruiting advertising. The Defense Health Program and, in particular, the Tricare healthcare programs need to be fully funded.

The Defense Department, Congress and The American Legion all have reason to be concerned about the rising cost of military healthcare. But it is important to recognize that the bulk of the problem is a national one, not a military specific one. It is also extremely important, in these days of record deficits, that we focus on the government's unique responsibility and moral obligation to fully fund the Defense Health program, particularly its Tricare programs, to provide for the career military force that has served for multiple decades under extraordinarily arduous conditions to protect and preserve our national welfare. In this regard, the government's responsibility and obligations to its servicemembers and military retirees go well beyond those of corporate employers. The Constitution puts the responsibility on the government to provide for the common defense and on the Congress to raise and maintain military forces. No corporate employer shares such awesome responsibilities.

The American Legion recommends against implementing any increases in healthcare fees for uniformed services and retiree beneficiaries. Dr. William Winkenwerder, the former Assistant Secretary of Defense (Heath Affairs), briefed The American Legion and other VSOs/MSOs that rising military healthcare costs are "impinging on other service programs." Other reports indicate that the DOD leadership is seeking more funding for weapons programs by reducing the amount it spends on military healthcare and other personnel needs. The American Legion believes strongly that America can afford to, and must, pay for both weapons and

military healthcare. The American Legion also believes strongly that the proposed defense budget is too small to meet the needs of national defense. Today's defense budget, during wartime, is about 4 percent of GDP, well short of the average for the peacetime years since WWII. Defense leaders assert that substantial military fee increases are needed to bring military beneficiary costs more in live with civilian practices. But such comparisons with corporate practices is inappropriate as it disregards the service and sacrifices military members, retirees and families have made in service to the nation.

The reciprocal obligation of the government to maintain an extraordinary benefit package to offset the extraordinary sacrifices of career military members is a practical as well as moral obligation. Eroding benefits for career service can only undermine long-term retention and readiness. One reason why Congress enacted Tricare for Life is that the Joint Chiefs of Staff at the time said that inadequate retiree healthcare was affecting attitudes among active duty troops. The American Legion believes it was inappropriate to put the Joint Services in the untenable position of being denied sufficient funding for current readiness needs if they didn't agree to beneficiary benefit cuts.

Reducing military retirements budgets, such as Tricare healthcare, would be penny-wise and pound-foolish when recruiting is already a problem and an overstressed and overstrengthened force is at increasing retention risks. Very simply the DOD should be required to pursue greater efforts to improve Tricare and find more effective and appropriate ways to make Tricare more cost-effective without seeking to "tax" beneficiaries and making unrealistic budget assumptions.

Likewise, military retiree veterans as well as their survivors, who have served their Country for decades in war and peace, require continued quality of life improvements as well. First and foremost, The American Legion strongly urges that FULL concurrent receipt and Combat-Related Special Compensation (CRSC) be authorized for disabled retirees whether they were retired for longevity (20 or more years of service) or military disability retirement with fewer than 20 years. In particular, The American Legion urges that disabled retirees rated 40 percent and below be authorized CRPD and that disabled retirees rated between 50 percent and 90 percent disabled be authorized non-phased-in concurrent receipt. Additionally, The American Legion strongly urges that ALL military disability retirees with fewer than 20 years service be authorized to receive CRSC and VA disability compensation provided, of course, they're otherwise eligible for CRSC under the combat-related conditions. The funding for these military disability retirees with fewer than 20 years is a "cost of war" and perhaps should be paid from the annual supplemental budgets.

Secondly, The American Legion urges that the longstanding inequity whereby military survivors have their survivors benefit plan (SBP) offset by the Dependency and Indemnity Compensation (DIC) be eliminated. This "Widows' Tax" needs to be corrected as soon as possible. It is blatantly unfair and has penalized deserving military survivors for years. A number of these military survivors are nearly impoverished because of this unfair provision. As with concurrent receipt for disabled retirees, military survivors should receive both SBP AND DIC. They have always been entitled to both and should not have to pay for their own DIC. The American Legion will continue to convey that simple, equitable justice is the primary reason to fund FULL concurrent receipt of military retirement pay and VA disability compensation, as well as the SBP and DIC for military survivors. Not to do so merely perpetuates the same inequity. Both inequities need to be righted by changing the unfair law that prohibits both groups from receiving both forms of compensation.

Mr. Chairman: The American Legion as well as the armed forces and veterans continue to owe you and this Subcommittee a debt of gratitude for your continuing support of military quality of life issues. Nevertheless, your assistance is needed in this budget to overcome old and new threats to retaining and recruiting the finest military in the world. Service members and their families continue to endure physical risks to their well-being and livelihood as well as the forfeiture of personal freedoms that most Americans would find unacceptable. Worldwide deployments have increased significantly and the Nation is at war. The very fact that over 300,000 Guardsmen and Reservists have been mobilized since September 11, 2001 is firsthand evidence that the United States Army desperately needs to increase its endstrengths and maintain those end-strengths so as to help facilitate the rotation of active and reserve component units to active combat zones.

The American Legion congratulates and thanks Congressional subcommittees such as this one for military and military retiree quality of life enhancements contained in past National Defense Appropriations Acts. Continued improvement however is direly needed to include the following:

—Completely Closing the Military Pay Gap with the Private Sector: With U.S. troops battling insurgency and terrorism in Iraq and Afghanistan, The American Legion supports a proposed 3.5 percent military pay raise as well as increases in Basic Allowance for Housing (BAH).
—Commissaries: The American Legion urges the Congress to preserve full federal subsidizing of the military commissary system and to retain this vital non-pay compensation benefit for use by active duty families, reservist families, military retiree families and 100 percent service-connected disabled veterans and others.
—DOD Domestic Dependents Elementary and Secondary Schools (DDESS): The American Legion urges the retention and full funding of the DDESS as they have provided a source of high quality education for military children attending schools on military installations.
—Funding the Reserve Montgomery GI Bill for Education.
—Providing FULL concurrent receipt of military retirement pay and VA disability compensation for those disabled retirees rated 40 percent and less; providing non-phased concurrent receipt for those disabled retirees rated between 50 percent and 90 percent disabled by the VA; and authorizing those military disability retirees with fewer than 20 years service to receive both VA disability compensation and Combat-Related Special Compensation (CRSC).
—Eliminating the offset of the survivors benefit plan (SBP) and Dependency and Indemnity Compensation (DIC) for military survivors.

OTHER QUALITY OF LIFE INSTITUTIONS

The American Legion strongly believes that quality of life issues for retired military members and their families are augmented by certain institutions which we believe need to be annually funded as well. Accordingly, The American Legion believes that Congress and the Administration must place high priority on insuring these institutions are adequately funded and maintained:

—The Uniformed Services University of the Health Sciences: The American Legion urges the Congress to resist any efforts to less than fully fund, downsize or close the USUHS through the BRAC process. It is a national treasure, which educates and produces military physicians and advanced nursing staffs. We believe it continues to be an economical source of CAREER medical leaders who enhance military health care readiness and excellence and is well-known for providing the finest health care in the world.
—The Armed Forces Retirement Homes: The United States Soldiers' and Airmen's Home in Washington, D.C. and the United States Naval Home in Gulfport, Mississippi, have been under-funded as evidenced by the reduction in services to include on-site medical health care and dental care. Increases in fees paid by residents are continually on the rise. The medical facility at the USSAH has been eliminated with residents being referred to VA Medical Centers or Military Treatment Facilities such as Walter Reed Army Medical Center. The Naval Home at Gulfport, Mississippi was destroyed by Hurricane Katrina, The American Legion recommends that the Congress conduct an independent assessment of the USSAH facilities and the services being provided with an eye toward federally subsidizing the Home as appropriate. The facility has been recognized as a national treasure until recent years when a number of mandated services had been severely reduced and resident fees have been substantially increased.
—Arlington National Cemetery: The American Legion urges that the Arlington National Cemetery be maintained to the highest of standards. We urge also that Congress mandate the eligibility requirements for burial in this prestigious Cemetery reserved for those who have performed distinguished military service and their spouses and eligible children.
—2005 Defense Base Realignment and Closure Commission: The American Legion was disappointed that certain base facilities such as military medical facilities, commissaries, exchanges and training facilities and other quality of life facilities were not preserved for use by the active and reserve components and military retirees and their families. The American Legion urges the phased-in renovation and the retention of Walter Reed particularly for the duration of the War

THE AMERICAN LEGION FAMILY SUPPORT NETWORK

The American Legion continues to demonstrate its support and commitment to the men and women in uniform and their families. The American Legion's Family Support Network is providing immediate assistance primarily to activated National Guard families as requested by the Director of the National Guard Bureau. The American Legion Family Support Network has reached out through its Departments and Posts to also support the Army' Wounded Warrior program (AW2). Many thou-

sands of requests from these families have been received and accommodated by the American Legion Family across the United States. Military family needs have ranged from requests for funds to a variety of everyday chores which need doing while the "man or woman" of the family is gone. The American Legion, whose members have served our nation in times of adversity, remember how it felt to be separated from family and loved ones. As a grateful Nation, we must ensure than no military family endures those hardships caused by military service, as such service has assured the security, freedom and ideals of our great Country.

CONCLUSIONS

Thirty-four years ago, America opted for an all-volunteer force to provide for the National Defense. Inherent in that commitment was a willingness to invest the needed resources to bring into existence and maintain a competent, professional and well-equipped military. The fiscal year 2008 defense budget, while recognizing the War on Terrorism and Homeland Security, represents another good step in the right direction. Likewise our military retiree veterans and military survivors, who in yesteryear served this Nation for decades, continue to need your help as well.

Senator INOUYE. Today we've received testimony from 26 witnesses, and it may surprise you to know that most of them supported programs that are considered evil—add-ons, and earmarks. Most of the programs that you have supported today are in those categories—either earmarks or add-ons—which is to show that the Constitution is still correct, the Congress does have a role to play in establishing the budget.

Mr. DUGGAN. Absolutely.

Senator INOUYE. And, I can assure you that we were not elected to be rubber stamps.

Mr. DUGGAN. Thank you, sir.

CONCLUSION OF HEARINGS

Senator INOUYE. With that, the scheduled hearings have now been completed, and this subcommittee will now consider the bill. And, we will stand in recess, subject to the call of the Chair.

[Whereupon, at 12:50 p.m., Wednesday, May 16, the hearings were concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]